

Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Leon R. Allaire

CERTIFICATE OF DEATH

Died at <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan.</u>	Day <u>20</u>	Years <u>22</u>	Months <u>4</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Clerk</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Henry C. Allaire</u>	Father's Birthplace <u>N. Y.</u>				
Mother's Maiden Name <u>Odelia Ruth</u>	Mother's Birthplace <u>N. Y.</u>				
Name of person giving information <u>Henry C. Allaire</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Purpura Hemorrhagica with Nephritis</u>	How long <u>About one year</u>
Immediate <u>Uremia</u>	How long <u>About 12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>William J. Pillsbury, M.D.</u>
	Address <u>2801 York Road</u>
Accident or Suicide?	<u>Baltimore</u>

Place of burial London Park
Undertaker John A. Langer
223 S. Broadway

Name
in
Full

Eleanora E Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1906 Jan 11 Age 70 5 18

Female White North Branch

House maiden

Single

Philip Allen Don't know

Charity Parrish "

J. S. Allen Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

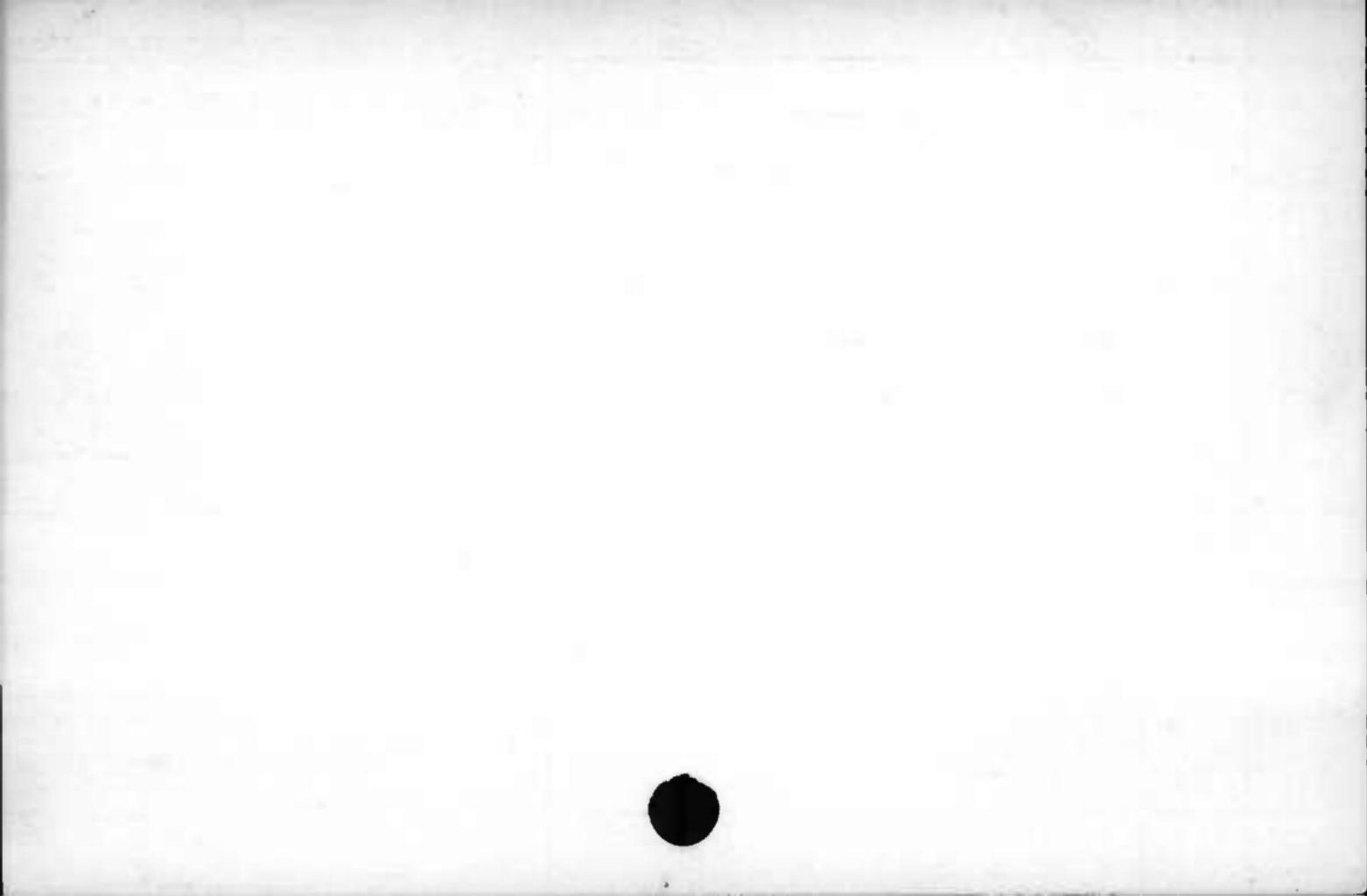
Signature of Physician

R. G. Stelle

Address

Harringtonville
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Bertha Felicitas Lumberg

CERTIFICATE OF DEATH

Died at Highlandtown

Town

County

MARYLAND

Date Died at Month Day Years Months Days
of death 1906 Jan 8 2 3 —

Sex Female Color or Race White Birthplace Md.

Married, Single or Widowed Single Occupation None

Name of Wife or Husband

Father's Name Ernest O. Lumberg

Father's Birthplace Md.

Mother's Maiden Name Feides C.

Mother's Birthplace ..

Name of person giving Information

Ernest O. Lumberg

How related to deceased Father

CAUSES OF DEATH

Primary

Menstruous Cramp

(9)

How long

1 day

Immediate

Inflammation

How long

1 day

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yrs.

Signature of Physician

H. S. Gibbons M.D.

Address

1731 E. Baltimore

Accident or Suicide?

W. A. Fuller -

St. Albans City -

Name
in
Full

Carl M. Ballentine

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Highlandtown		County	Baltimore	
Date of death 190	Month 1	Day 30	Years —	Months 4	Days —
Sex Male	Color or Race White	Birth-place Baltimore Co.			
Occupation none	Where Residing if not at place of death 255 Blaumont				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Clarence Ballentine	Father's Birthplace Baltimore				
Mother's Maiden Name Maggie Lanning	Mother's Birthplace " "				
Name of person giving information Maggie Ballentine	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long 11 days
Immediate	Exhaustion	(93)	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Warner	Address 1120 Bay Island
Accident or Suicide? No			

J.M. Carmel & Sons
J. Herwig & Son
2/1/06

Name
in
Full

Matjos Balosie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

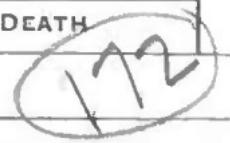
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	51	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

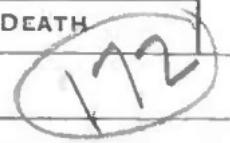
Married

Joe Blair

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary  How long

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Joe Blair J.P.
Sparks Point

Accident



Name
in
Full

Infant child of J. F. Bartlett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Poland Park Md.	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Singly	Name of Wife or Husband				
Father's Name	John F. Bartlett			Father's Birthplace	Baltimore Md.	
Mother's Maiden Name	Winifred M. Gibson			Mother's Birthplace	"	
Name of person giving information	J. F. Bartlett			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth (151)

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. Gibson Porto
Poland Park Md.

Accident or Suicide?

No -

Elmhurst Road

Dr M Gibson Porter

Name
in
Full

Infant Bennett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Died at near Owings Mill			County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	Jan	31				10 hours
Sex	Color or Race	Colored			Birth- place	Baltimore, Md.
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	Alonza Bennett			Father's Birthplace		
Mother's Maiden Name	Amanda Scott			Mother's Birthplace		
Name of person giving Information	Alonza Bennett			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth

(151)

How long

3 months

Immediate

by prematurity

How long

a few days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. H. Campbell
Owings Mill Md

Accident or Suicide?



Name
in
Full

Ira Biddison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Rosebury</i>	County <i>Bucks</i>	MARYLAND		
Date of death	Month <i>1906 June</i>	Day <i>19</i>	Years	Months	Days
Sex	Male	Color or Race	Age	Birth- place	<i>Balt-</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>Irasie Biddison</i>			Father's Birthplace	
Mother's Maiden Name	<i>Anna Faye</i>			Mother's Birthplace	
Name of person giving Information	<i>Irasie Biddison</i>			How related to deceased	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Death <i>Pneumonia</i>	(93)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>V. D. Cope</i> Address <i>Gardenville Md</i>
Accident or Suicide?	✓	



Name
in
Full

Pauline H. M. Bishop

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Rockland	County Balto.	MARYLAND
Date of death	Month 1	Day 29	Years 7
Sex	Female	Color or Race	white
Occupation	None	Where Residing if not at place of death	Rockland
Married, Single or Widowed	Single	Name of Wife or Husband	None
Father's Name	George Bishop	Father's Birthplace	Balto. City
Mother's Maiden Name	Mollie J. Chenowith	Mother's Birthplace	Montgomery Co
Name of person giving Information	George Bishop	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cold

116

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. L. Smith
Ridder Md

Accident or Suicide?

John Burns Sons
Towson
Salter Cerv.
Balto. co.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

G. W. Bolles

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Henry Bolles		Father's Birthplace	Md	
Mother's Maiden Name	Satz		Mother's Birthplace	Md	
Name of person giving information	(11)			How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Eclampsia	How long
	Immediate		3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	L. Wallace Rossnile Md
Accident or Suicide?			

Howard Conner

Name
in
Full

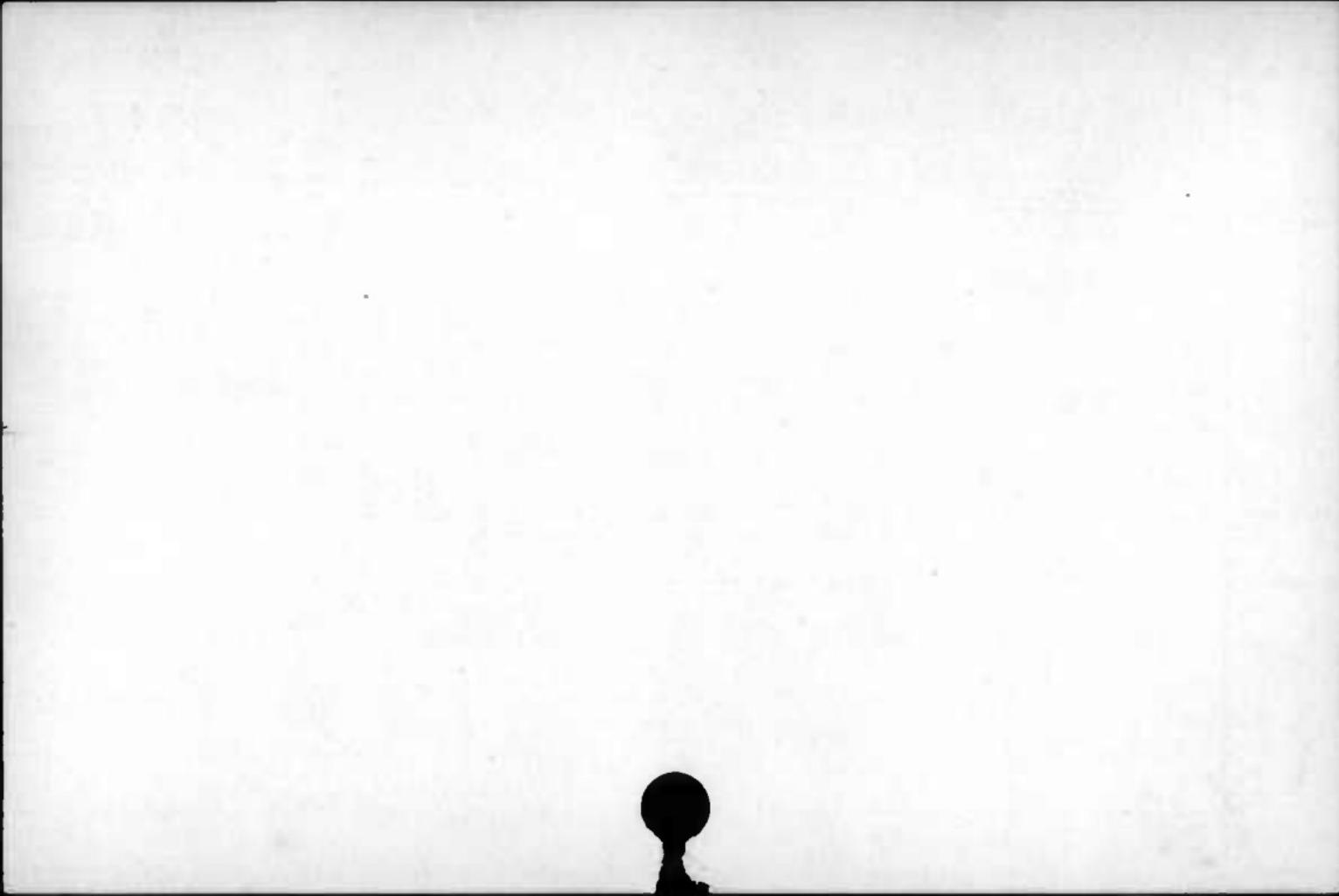
John William Boland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Agnes Hospital Baltimore.		County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age 59	Birthplace Ireland
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Clara Agnes Peter Boland	
Father's Name	Patrick Boland			
Mother's Maiden Name	Bridgit ?			
Name of person giving Information	Clara Agnes Boland 21			
CAUSES OF DEATH				
Primary	Pulmonary Tuberculosis.			
Immediate	Cardiac decomp.			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.W. Shaw	
Yes.		Address	St. Agnes Hospital	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Aelia Bosley

CERTIFICATE OF DEATH

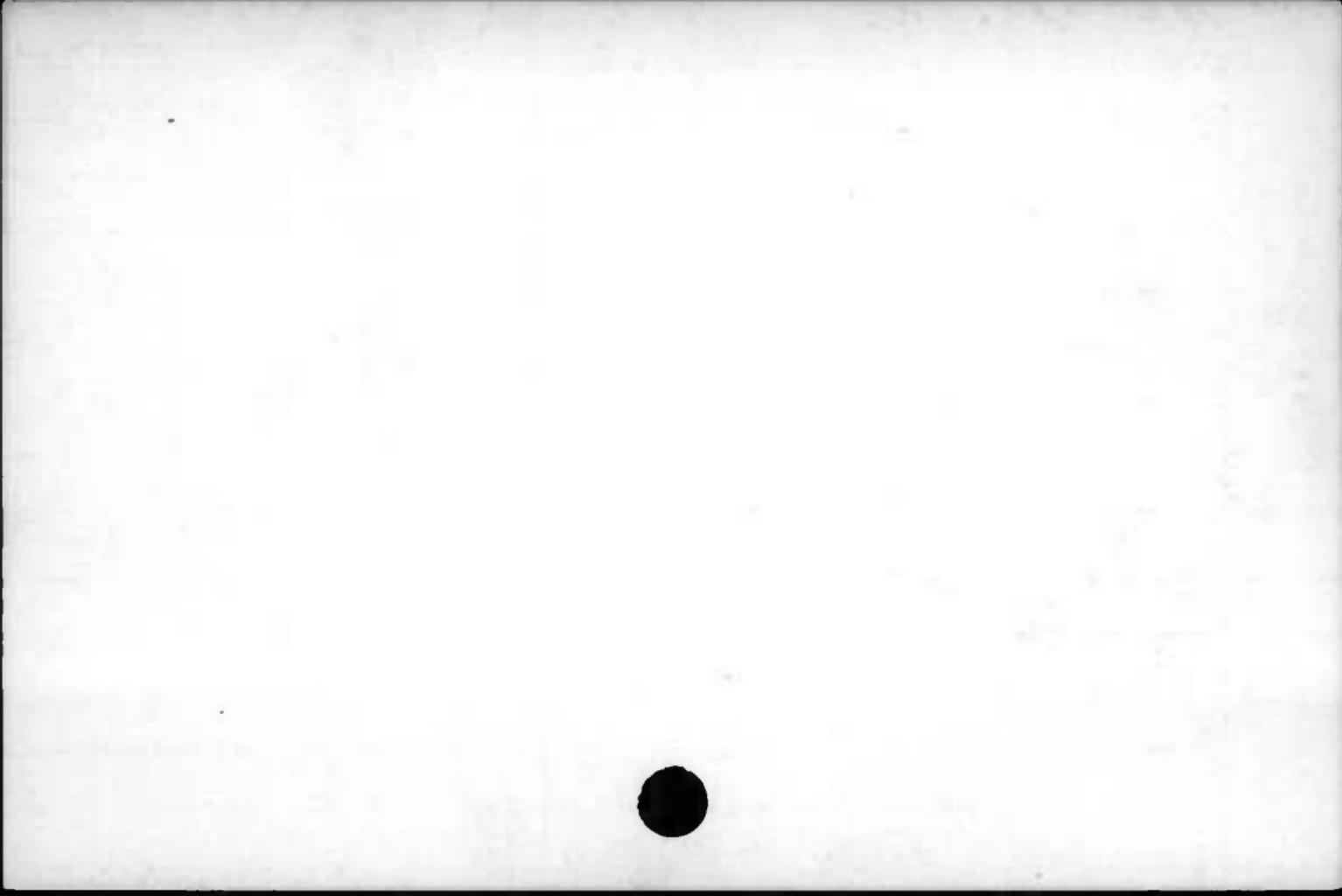
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	white	Months Days
Occupation	Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband	Samuel Bosley	
Father's Name	John D. Scott	Father's Birthplace	Baltimore
Mother's Maiden Name	Elizer Miles	Mother's Birthplace	Baltimore
Name of person giving information	Samuel Bosley	How related to deceased	Husband

P H Y S I C I A N
O R C O R O N E R

CAUSES OF DEATH

Primary	Cerebral Hemorrhage	How long	1/2 hour
Immediate	(64)	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. P. Payne
		Address	Garrett
Accident or Suicide?	no		



Name
in
Full

John W. Bosley

CERTIFICATE OF DEATH

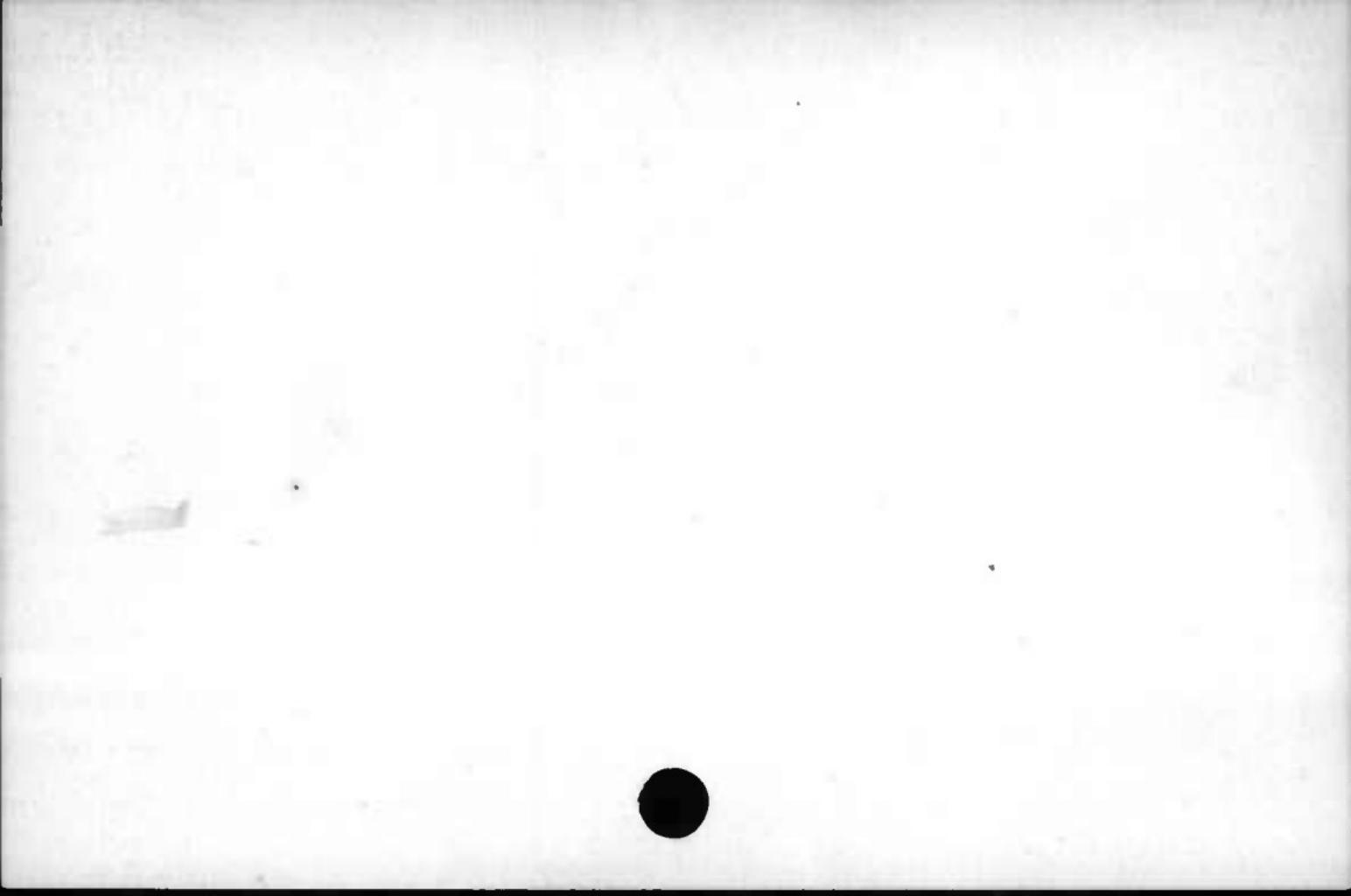
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Butler	County Baltimore	MARYLAND		
Date of death 190	Month 6	Day 1	Years Age 3	Months 1	Days 1
Sex Male	Color or Race white	Occupation —	Birth- place Md		
Married, Single or Widowed —					
Name of Wife or Husband —					
Father's Name Lincoln Bosley			Father's Birthplace Md		
Mother's Maiden Name Lilly Hundermark			Mother's Birthplace Md		
Name of person giving Information Harrison Condes			How related to deceased Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate Croup	(9)	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	
	Address Jett Wilson Flowerburg Md	
Accident or Suicide?		



Name
In
Full

Emma C. Bowersock

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Park Heights Ave Baltimore May			
Father's Name					
Mother's Maiden Name					
Name of person giving information	Harry G. Bowersock				
CAUSES OF DEATH					

Primary Heart Disease, preceded by Bronchitis How long 5 years or more

Immediate Heart failure, due to Valvular Disease How long - -

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Pearl Kintzing M.D.

Accident or Suicide?

V

William Cook.

Name
in
Full

William S. Bradford

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	Balto.	County	MARYLAND
Died at	Highlandtown	Month	Days
Date of death	1906 Jan.	Day	Years
Sex	Male	Color or Race	White
Occupation	Brick Burner		
Married, Single Widowed		Name of Wife or Husband	
Father's Name	Thomas S. Bradford		
Mother's Maiden Name	Lelia Woods		
Name of person giving information	Frank Bradford		
Where Residing if not at place of death			
Birth-place Balto. Md			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho-pneumonia (92)		How long 14 day
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. S. Warner M.D.	
		Address 1120 Highland av	
Accident or Suicide?		No	

J. A. Dague
Mt. Carmel

Name
in
Full

Emily Brown

3/1/11

CERTIFICATE OF DEATH

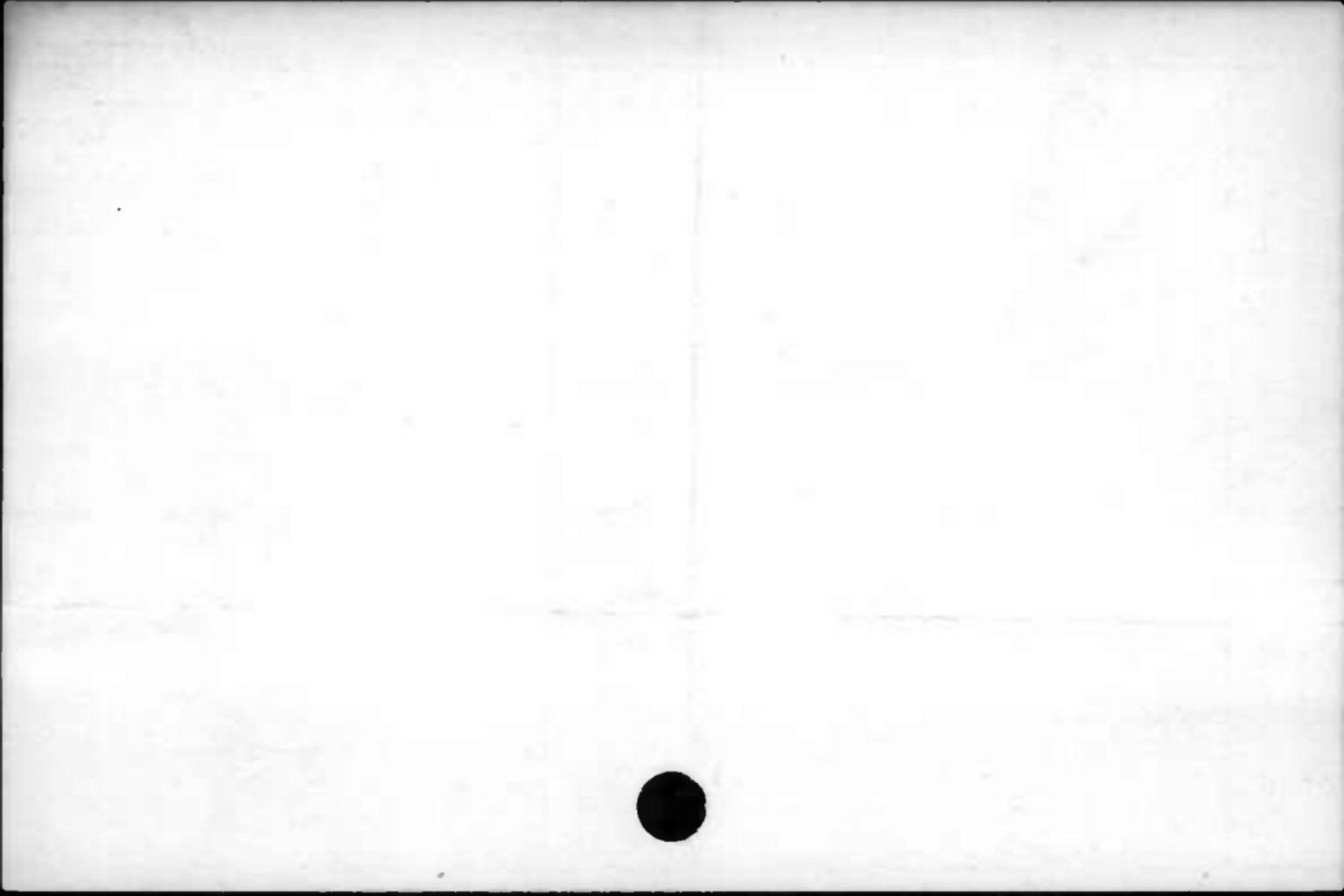
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	1	16	Age 88
Sex Female	Color or Race	Colored	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Sampson J. Brown			
Mother's Maiden Name	Mother's Birthplace		
Maryann P.			
Name of person giving Information	How related to deceased		
Elizabeth Brown	Sister-in-law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Heart failure	119	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Harry Schub	
Yes	Address	(undertaker) Upper Falls md	
Accident or Suicide?			



Name
in
Full

Ignaz Buchholz

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 190	Month Jan	Day 30	Year 53
Sex	Color or Race	Age	Months
Occupation	White	Birth-place	Days
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Not Known	Father's Birthplace	Not Known
Mother's Maiden Name	Not Known	Mother's Birthplace	Not Known
Name of person giving information	Konrad Meusel	How related to deceased	Employer

CAUSES OF DEATH

Primary

Asthma
Endocarditis

(91)

How long

6 hrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Coroner Fred G Pfeffer
1218 First St

Accident or Suicide

Natural

J. Sander And Son
Oak Lawn Aw.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Anne S. Byerly					CERTIFICATE OF DEATH		
Died at <i>Towleleberg</i>		County <i>Baltimore</i>		MARYLAND			
Date of death 1906	Month <i>Jan.</i>	Day <i>4.</i>	Years Age <i>49-</i>	Months	Days	<i>25.</i>	
Sex <i>Female -</i>	Color or Race <i>White.</i>	Birth- place <i>Towleleberg</i>					
Married, Single or Widowed <i>Married.</i>	Occupation <i>Housewife..</i>						
Name of Wife or Husband <i>William Byerly.</i>							
Father's Name <i>John Hough</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Maria Towle</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving Information <i>Harry Pitt.</i>	How related to deceased <i>Niece.</i>						

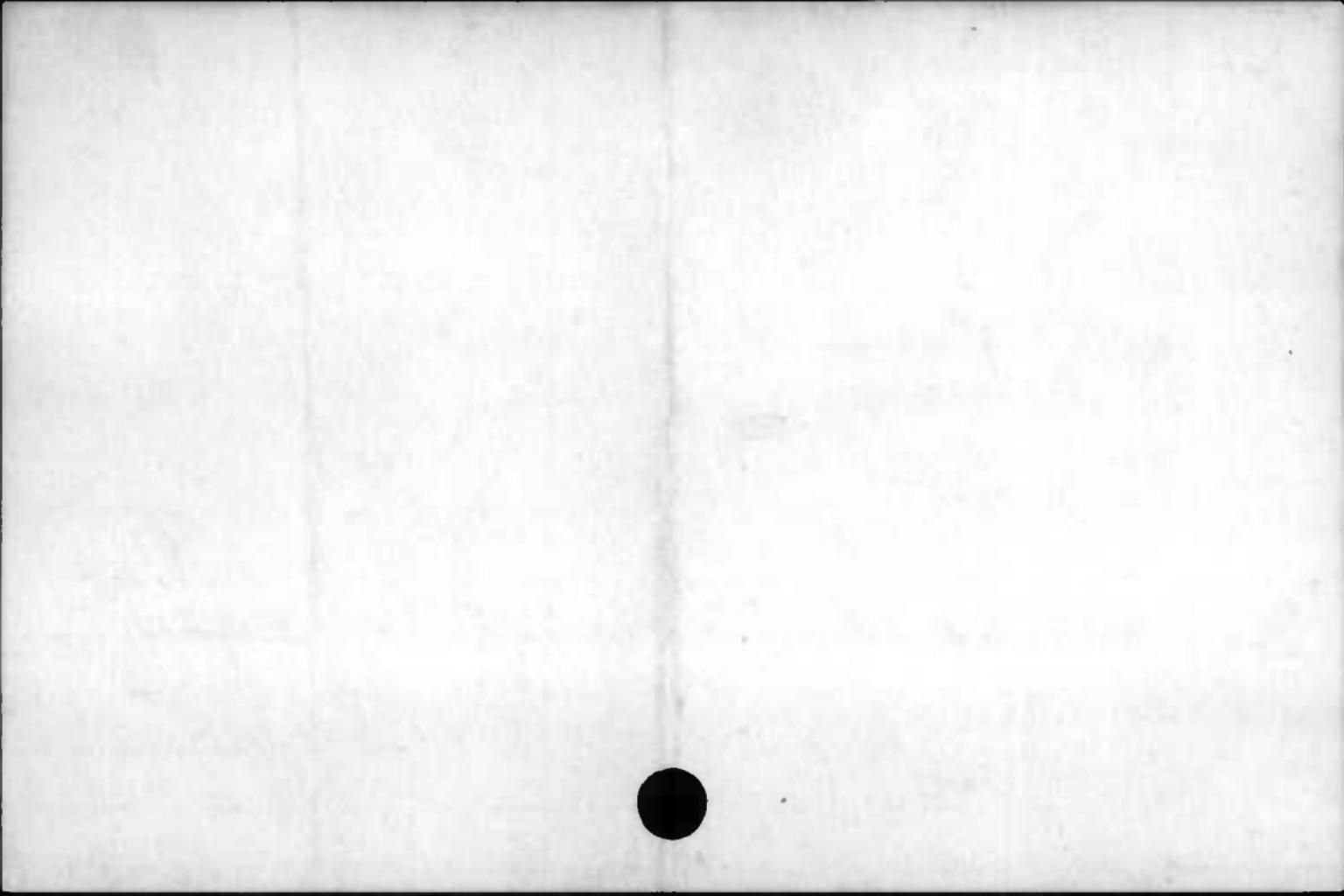
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lung.</i>	How long <i>3 yrs.</i>
Immediate <i>8</i>	How long

Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Jas. F. Tolson.</i>
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Address <i>Towleleberg, Maryland.</i>
Accident or Suicide? <i>✓</i>



Name
in
Full

J.W. Bayne

CERTIFICATE OF DEATH

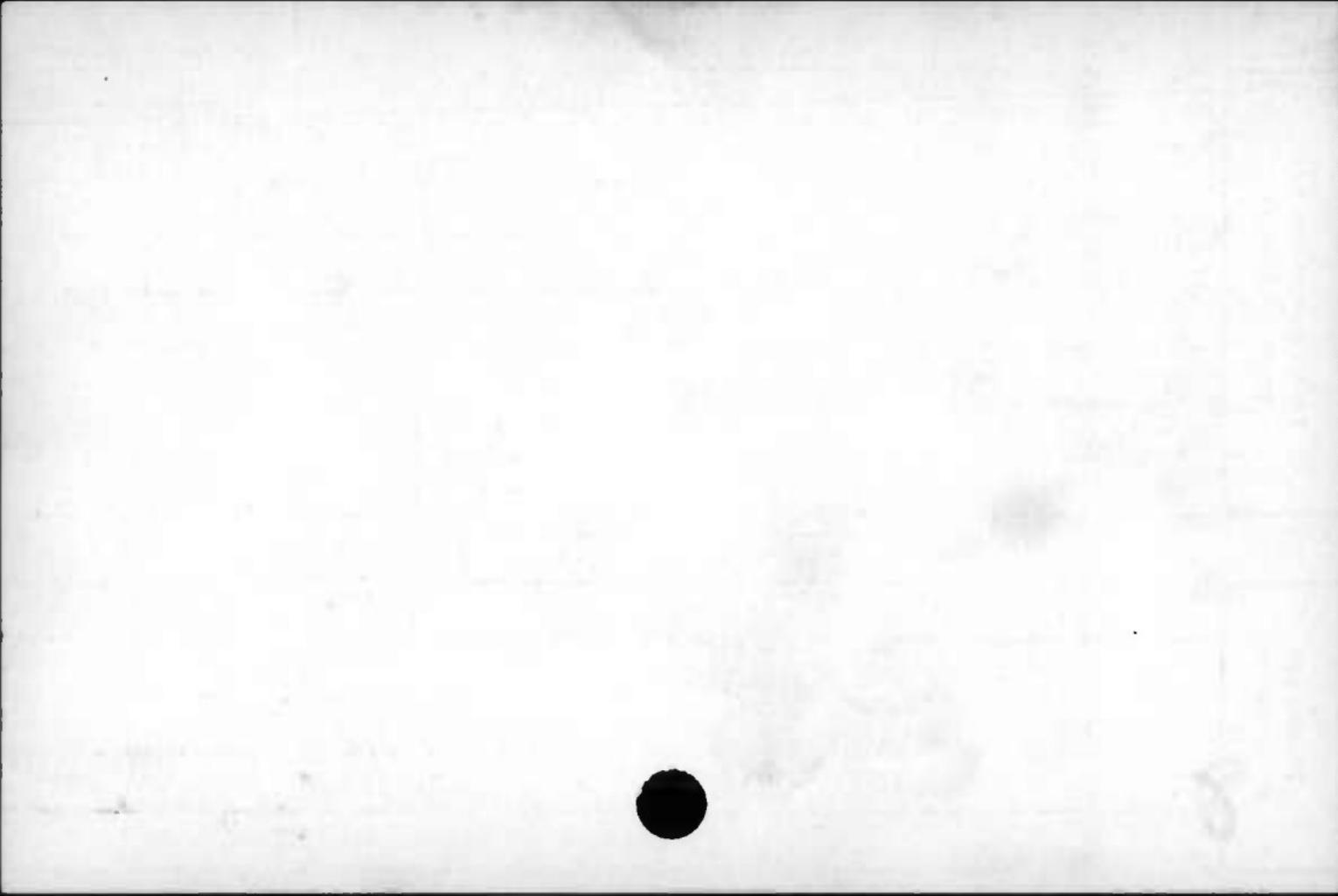
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month June	Day 1st	Years 37	Months	Days
Sex	Male	Color or Race	White	Birth-place Baltimore		
Occupation	Ex Letter Carrier			Where Residing if not at place of death	Baltimore	
Married, Single or Widowed	Single	Name of Wife or Husband	Unknown			
Father's Name	unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	"			Mother's Birthplace	"	
Name of person giving Information	Reeds M. Stope			How related to deceased	Not at all	

CAUSES OF DEATH

Primary	Malaria Chronic	How long	over 15 yrs -
Immediate	Ex -	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes		
8	Signature of Physician Address Frank J Flanery Mt. Hope Seminary Baltimore Co		
Accident or Suicide?			



Name
in
Full

James A. Cairnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month January	Day 31	Age 68	Years 9	Months 21 Days
Sex Male	Color or Race	White	Occupation	Harford Co.	
Married, <input checked="" type="checkbox"/> or Widowed				Father	er
Name of Wife - Husband	Susie R. Cairnes				
Father's Name	George, Cairnes				
Mother's Maiden Name	Mary Ann Bay				
Name of person giving Information	Mary A. Cairnes				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart & Stomach trouble	How long	8 weeks
Immediate	"	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. W. Hunter M.D.
		Address	Wiseburg, Balto Co Md.
Accident or Suicide?	<input checked="" type="checkbox"/>		

Bethel Cemetery Feb. 4

Name
in
Full

Harriet Cantine

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	James Cantine			
Father's Name	Ashley Jenkins				
Mother's Maiden Name	Jeffrmine Jenkins.				
Name of person giving Information	Sister in law				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Valvular affection of heart	How long	months
Immediate	Pulmonary Edema	How long	10 days

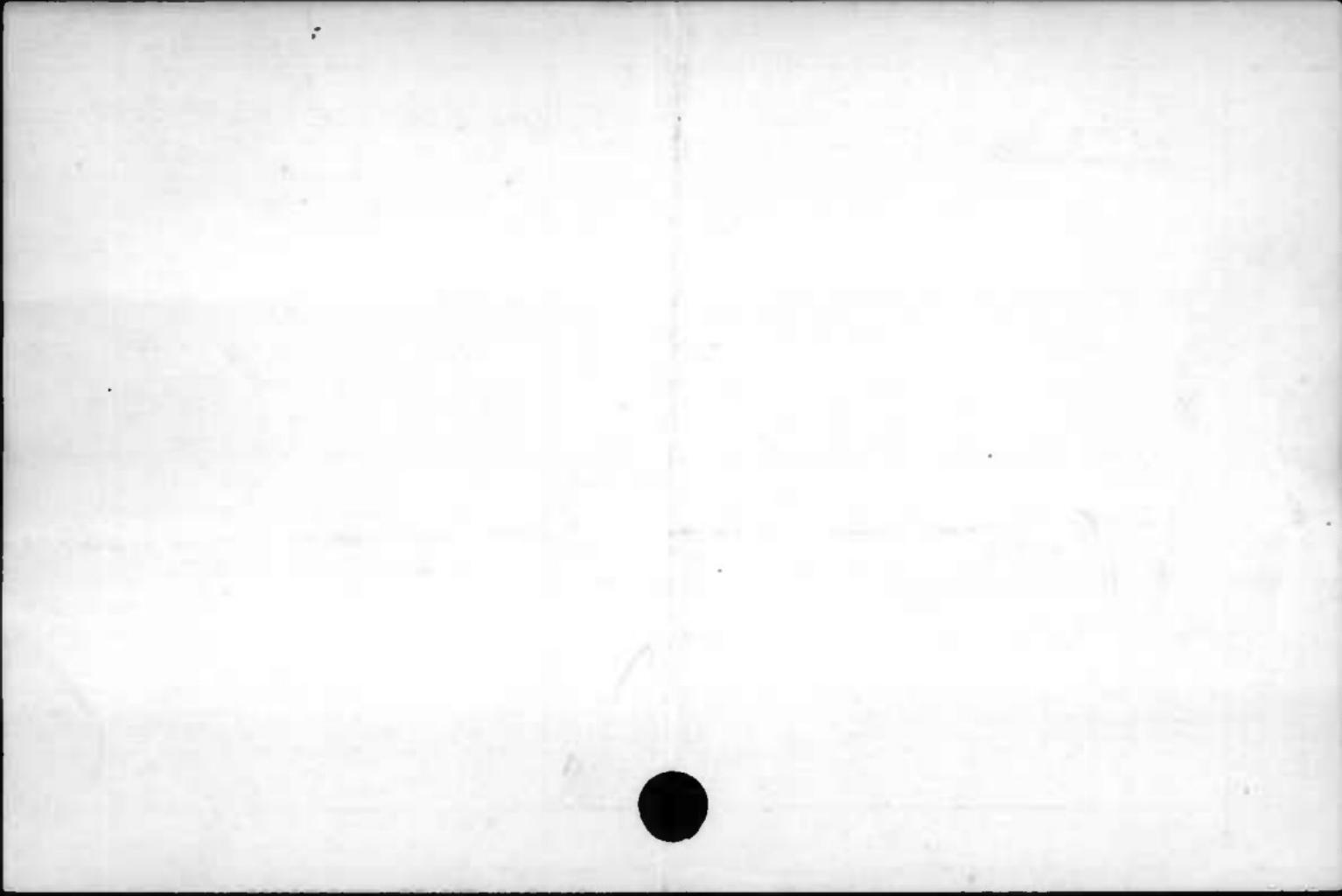
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. W. Sherman M.D.
Glenview Ind.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Katie Chaffman
near Coopersville
Town Ballito County

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1906	1	5	Age		
Sex Female	Color or Race	white	Birth-place	Harford Co.	
Occupation Housewife	Where Residing if not at place of death			near Coe, Kaysville	
Married, Single or Widowed	Name of Wife or Husband		Married Benjamin Chaffman		
Father's Name	Dan Ferry		Father's Birthplace	Harford Co.	
Mother's Maiden Name	Sarah Harman		Mother's Birthplace	Harford Co.	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

Primary

Typhoid fever ①

How long

about a month

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Thos. C Bussey
Texas
Md.

Accident or Suicide?

No

Funeral Sunday 3rd
Poplar Cemetery

W. G. Brooks

Please return present

Name
in
Full

Benjamin Chew

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	Jan.	5	Age 49
Sex	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Towson	
Father's Name	Charles Ridgely Chew		
Mother's Maiden Name	Harriet Green		
Name of person giving information	Miss Harriet Chew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Albunusuria

How long

2 years

Immediate

Hypotaxy

(H)

How long

2 1/2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Gaynor Green M.D.
Towson Md.

Accident or Suicide?

Stewart & Mowen
215 Park ave Baltimore MD
Greenmount Cemetery
Baltimore MD

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Joseph Henry Cole Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Arlington	Bala			
Date of death	Month	Day	Years	Months Days
1906 Jan	15		18	7
Sex	Color or Race	Birth-place		
Male	white	Baltimore		
Occupation	Where Residing if not at place of death			
Plumber	Arlington			
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	Father's Birthplace			
Joseph H Cole Jr.	Bala			
Mother's Maiden Name	Mother's Birthplace			
Elizabeth Fally	Rockville			
Name of person giving information	How related to deceased			
Joseph H Cole	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Gripe.	(21)	How long	3 months.
Immediate	Tuberculosis + Emaciation		How long	1 month.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. W. Cole Jr.	
		Address	Washington	
Accident or Suicide?			✓	

Newcastle

Name
in
Full

Julian Miles Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1906 Jan 25 8 77

Male white Terre Haute

-

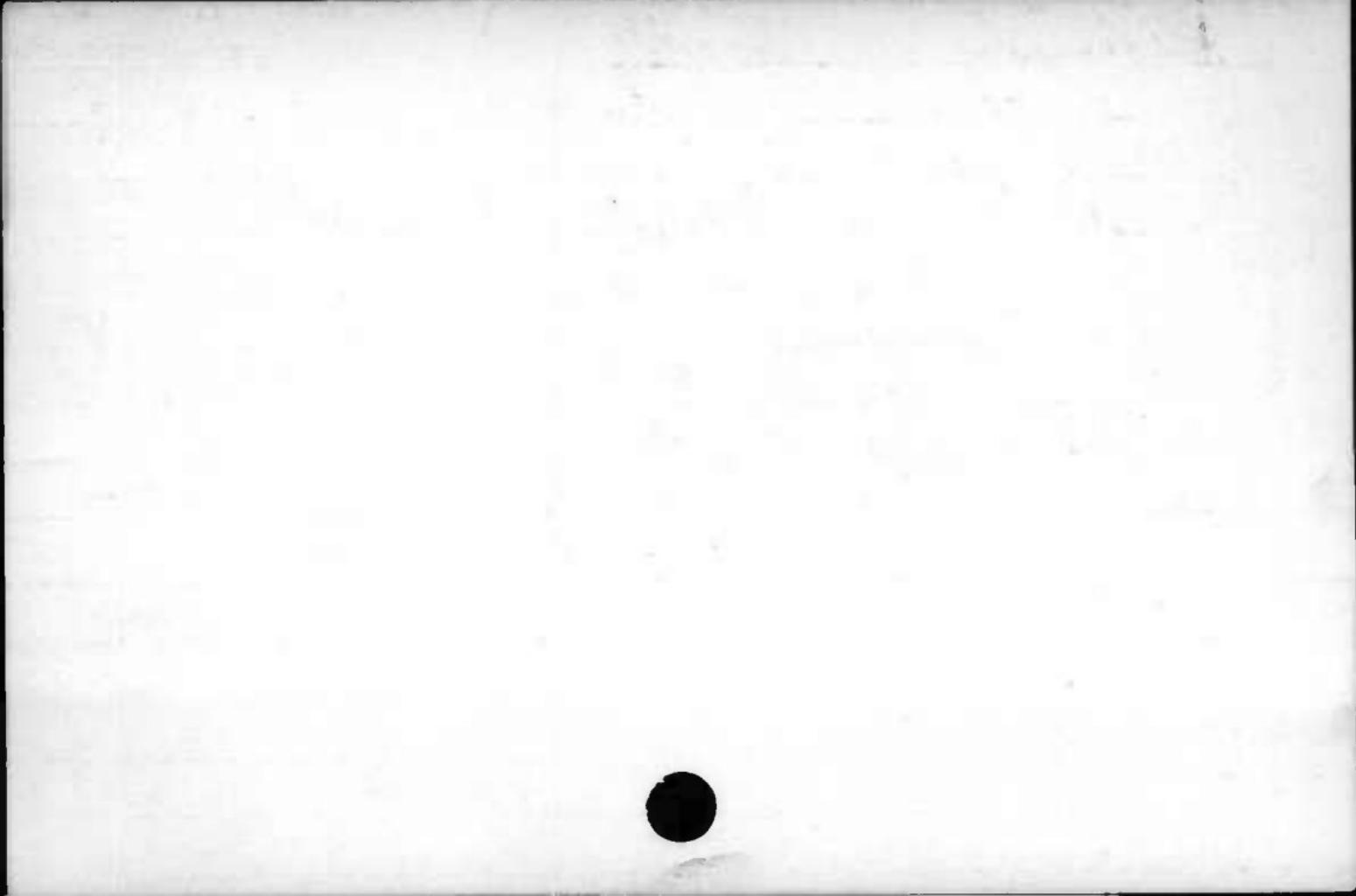
Clarence G. Cole Balt W

Eccelia Miles "

Clarence G. Cole Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gastric - Enteritis	(D5)	How long
	Immediate	Exan. Ex haustiori		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	T. P. Payne	
		Address	Gordett	
Accident or Suicide?			No	



Name
in
Full

Jilious W. Crook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John G. Crook			Father's Birthplace	Baltimore
Mother's Maiden Name	Barbara Garhart			Mother's Birthplace	Baltimore
Name of person giving Information	John G. Crook			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congestion Lung
Exhaustion

(q5)

How long

2 hours -

Immediate

How long

30 minutes

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Dr. L. Dunn MD
3rd Street
J. Slight an Otarri

Accident or Suicide?

No

1st Evangelical Lem.
H. Sander & Sons

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Winifred Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death 190	Month First	Day First	Years about 61 yr	Months
Sex Female	Color or Race white	Birth-place Ireland		
Occupation housewife	Where Residing if not at place of death			
Married, Single or Widowed married	Name of Wife or Husband John Cooper			
Father's Name Edward Finn	Father's Birthplace Ireland			
Mother's Maiden Name Ellen Kennedy	Mother's Birthplace Ireland			
Name of person giving information Ella Cooper	How related to deceased Daughter			

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

5 days

Immediate

Asthma

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

William J. Ford
111 Washington St.

Address

Accident or Suicide?

Martin Falley & Son

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Inosell Craig					CERTIFICATE OF DEATH		
Died at <u>Colinsville av</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>13</u>	Age <u>66</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>					
Occupation <u>seaman</u>	Where Residing if not at place of death <u>Colinsville and</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Fannie S Craig</u>						
Father's Name	<u>Robert Craig</u>						
Mother's Maiden Name	<u>—</u>						
Name of person giving information <u>Robert Craig</u>	How related to deceased <u>Son</u>						
CAUSES OF DEATH							
Primary	<u>enlarged prostate gland & concreta of bladder</u>				How long <u>3 months</u>		
Immediate	<u>some</u>				How long <u>3 months</u>		
45							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		<u>Arthur Willows</u>	
Yes				Address		<u>Elk Ridge Howard</u>	
No				Served			
Accident or Suicide?							

Place of burial Greenmount
Cemetery, Baltimore
Undertaker, Henry W.
Means any son.

Name
in
Full

Mary E Cropper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at Sparrows Hawk	Baltimore		Months	Days	
Date of death	Month	Day	Years	Months	Days
1906	1	7	72	—	—
Sex	Color or Race	Age	Birth-place		
Female	white	72	Maryland		
Occupation	Where Residing if not at place of death				
Housewife					
Married, Single Widowed	Name of Wife or Husband	Mrs. Cropper			
Father's Name	Mrs. Cropper				
Mother's Maiden Name	Mary Lane				
Name of person giving information	Granddaughter				
Mrs. W. C. Little (1)					
CAUSES OF DEATH					
Primary	Chronic Bronchitis cerebral				
Immediate	Cerebral				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long		
			Two weeks		
Address	Broadway MD				
	Sparrows Hawk				
Accident or Suicide?	No				

PHYSICIAN
OR CORONER



Name
in
Full

Lillian R Cumberland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Bethel	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	1	30	3	6	
Sex	Female	Color or Race	White	Birth-place	Bethel Co
Occupation	Wife	Where Residing if not at place of death 624, 8 St.			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles Cumberland			Father's Birthplace	Bethel Md
Mother's Maiden Name	Amelia Woot			Mother's Birthplace	Nevada -
Name of person giving information	Charles Cumberland			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Meningitis		(6)	How long	24 hours
Immediate	Convulsions.		(6)	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Address		
Yes.			Dr. L. Orweck MD, 3rd & Long Highlandtown, Md		
Accident or Suicide?			No		

Mr. Barnard

Kander Son

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at		Town	County		CERTIFICATE OF DEATH	
Vermont		Baltimore			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	Jan.	27				18
Sex	male	Color or Race	white	Birth-place	Maryland	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Wm. J. Cummings				
Mother's Maiden Name		Maud Miller				
Name of person giving information		Wm J Cummings				

CAUSES OF DEATH

Primary

Premature Birth

New long

18 days

Immediate

Malaria

New long

18 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

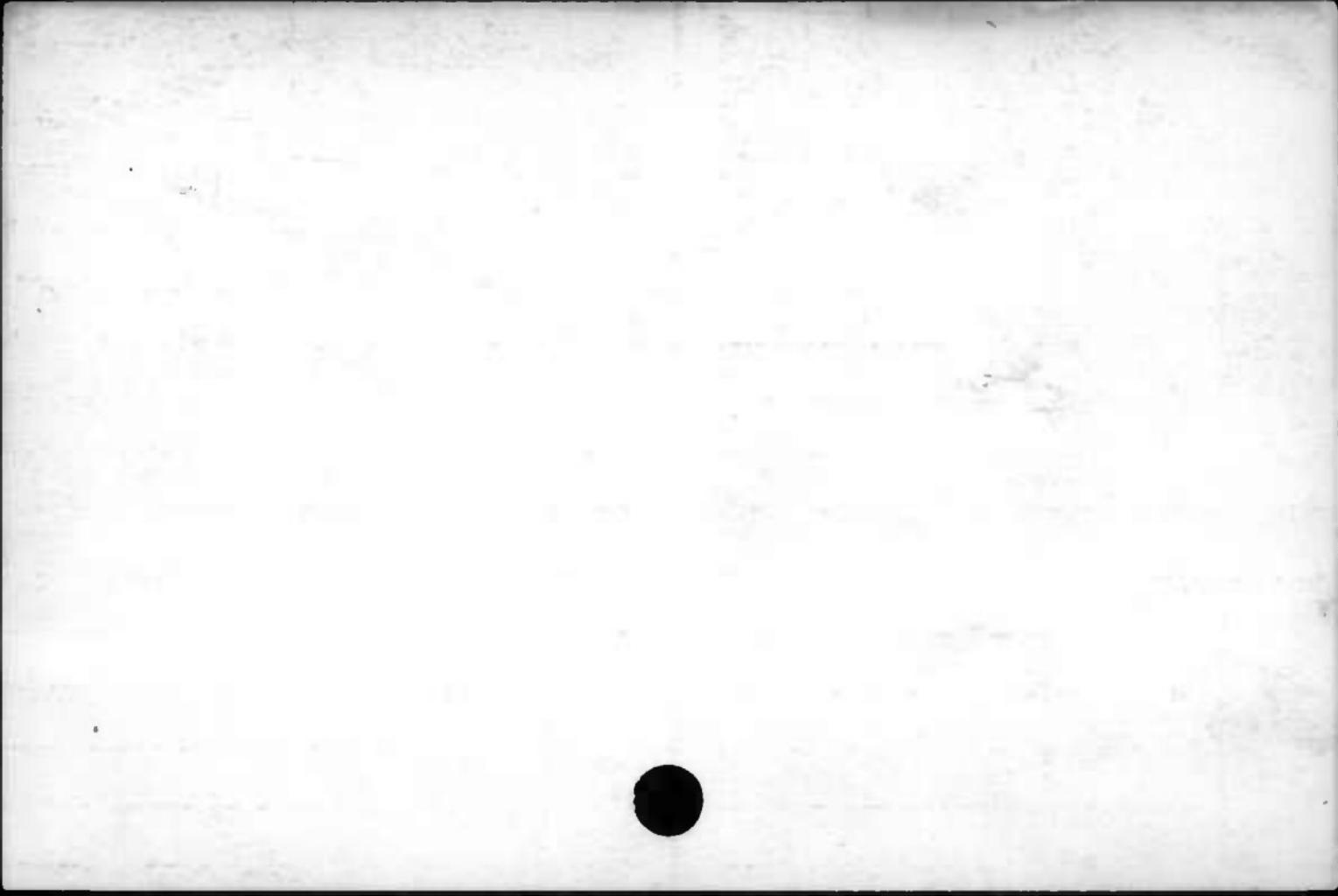
Comillard Stirling

Address

Shane,

Accident or Suicide?

✓ Med.



Name
in
Full

Robert James Cummings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at St. Agnes Hospital		Town Baltimore	County Baltimore		MARYLAND		
Date of death 1906 Jan	Month Jan	Day 29	Years 50	Age	Months	Days	
Sex Male	Color or Race White			Birth-place Baltimore, Md.			
Occupation Laborer	Where Residing if not at place of death 1007 Hopkins Av. W.						
Married, Single or Widowed	Name of Wife or Husband Catherine Scott			Father's Birthplace Ireland			
Father's Name Robert J Cummings					Mother's Birthplace ..		
Mother's Maiden Name Catherine Henry					How related to deceased Sister		
Name of person giving information Mrs. Hally							

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

(21)

How long

How long

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

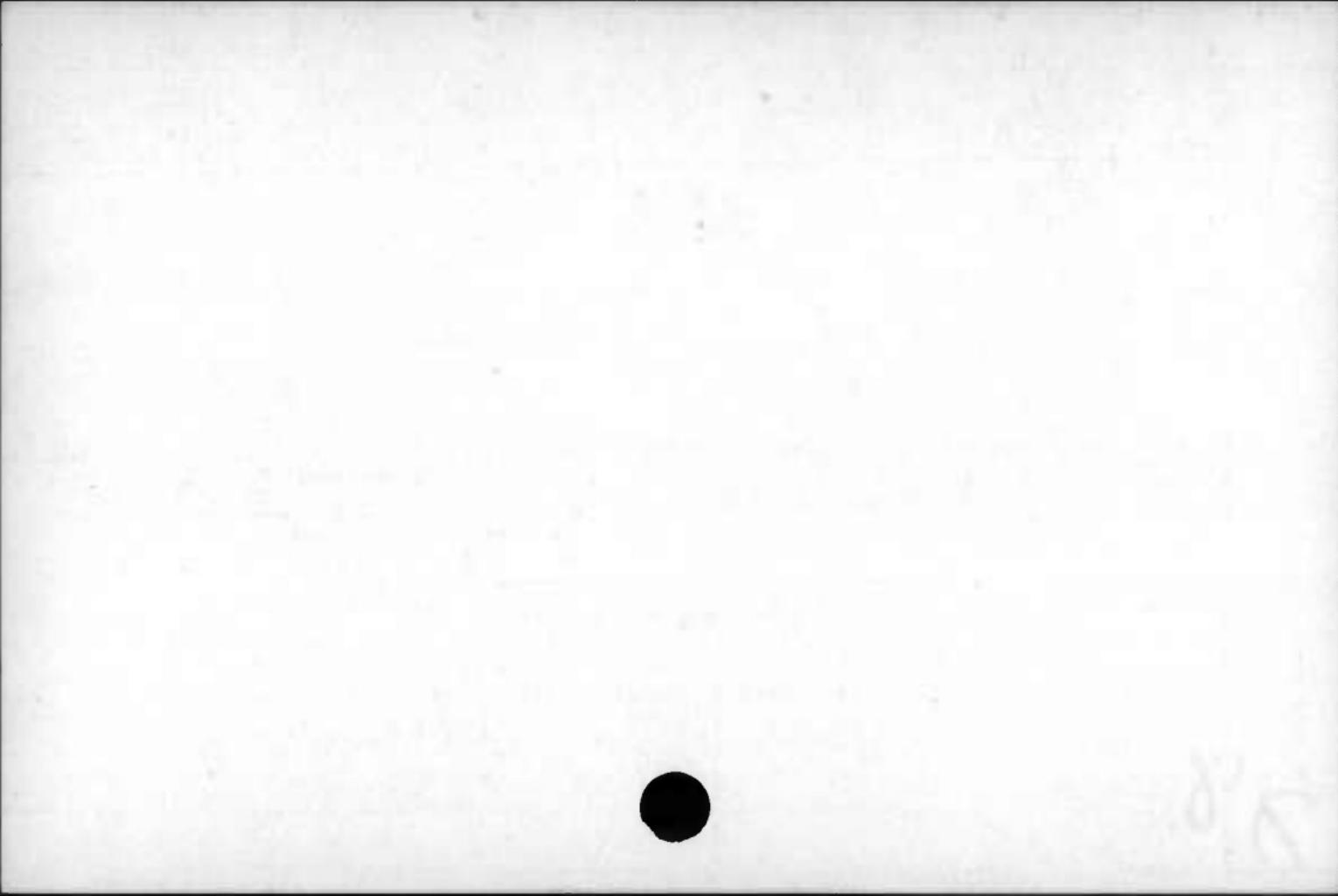
J. W. Shaw

Address

St. Agnes Hospital

PHYSICIAN
OR CORONER


Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary E Curtis

CERTIFICATE OF DEATH

Died at	Town	Balt.	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Jan	18	55	11	12
Sex	female	Color or Race	colored	Birth-place	Green Ave
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Curtis	Father's Name	
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Henry Curtis			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis (85)

How long

Immediate

Throat hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

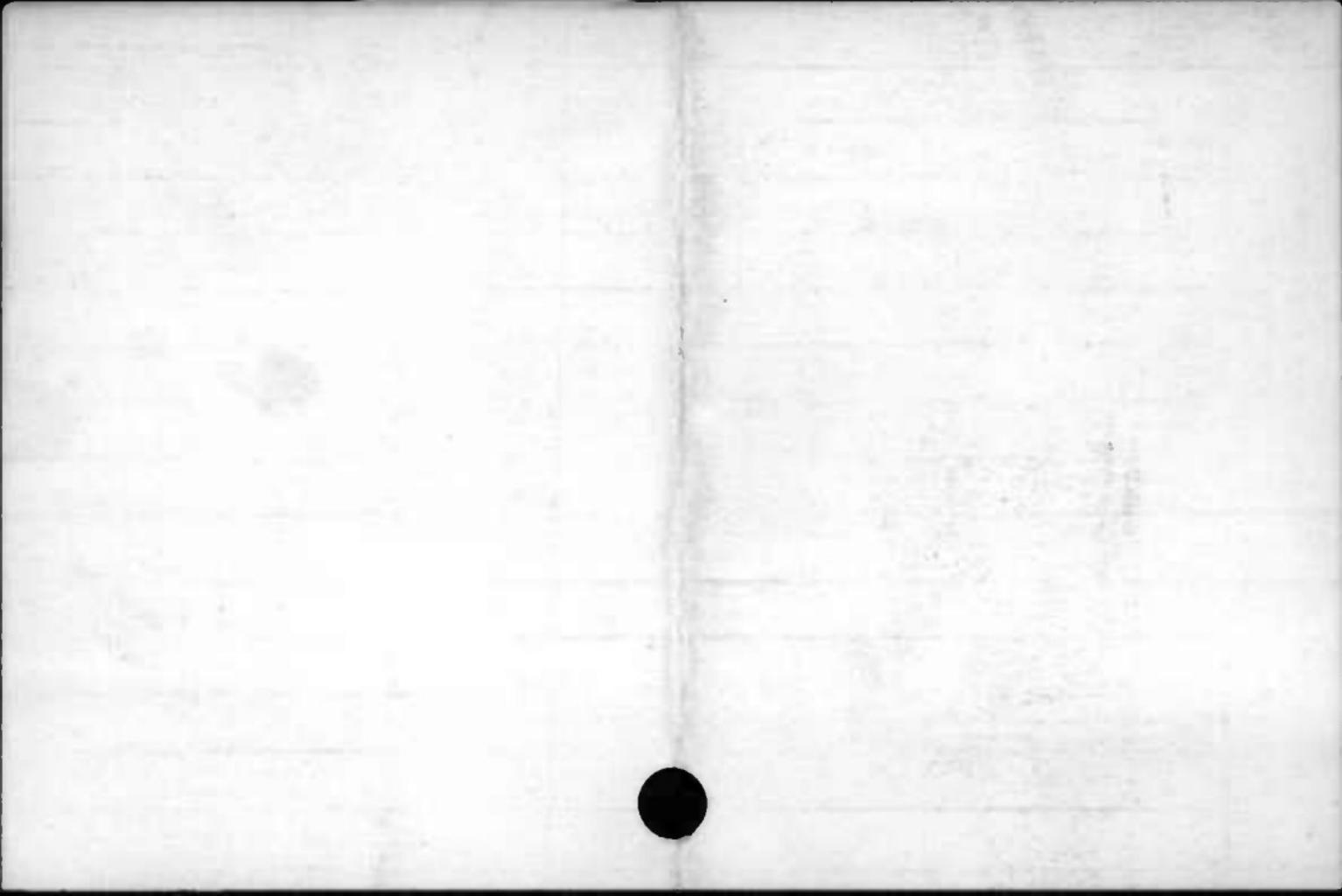
Signature of Physician

R. Blalock

Address

Not unusual.
McL-

Accident or Suicide?



Name
in
Full

Elizabeth Fenzel

CERTIFICATE OF DEATH

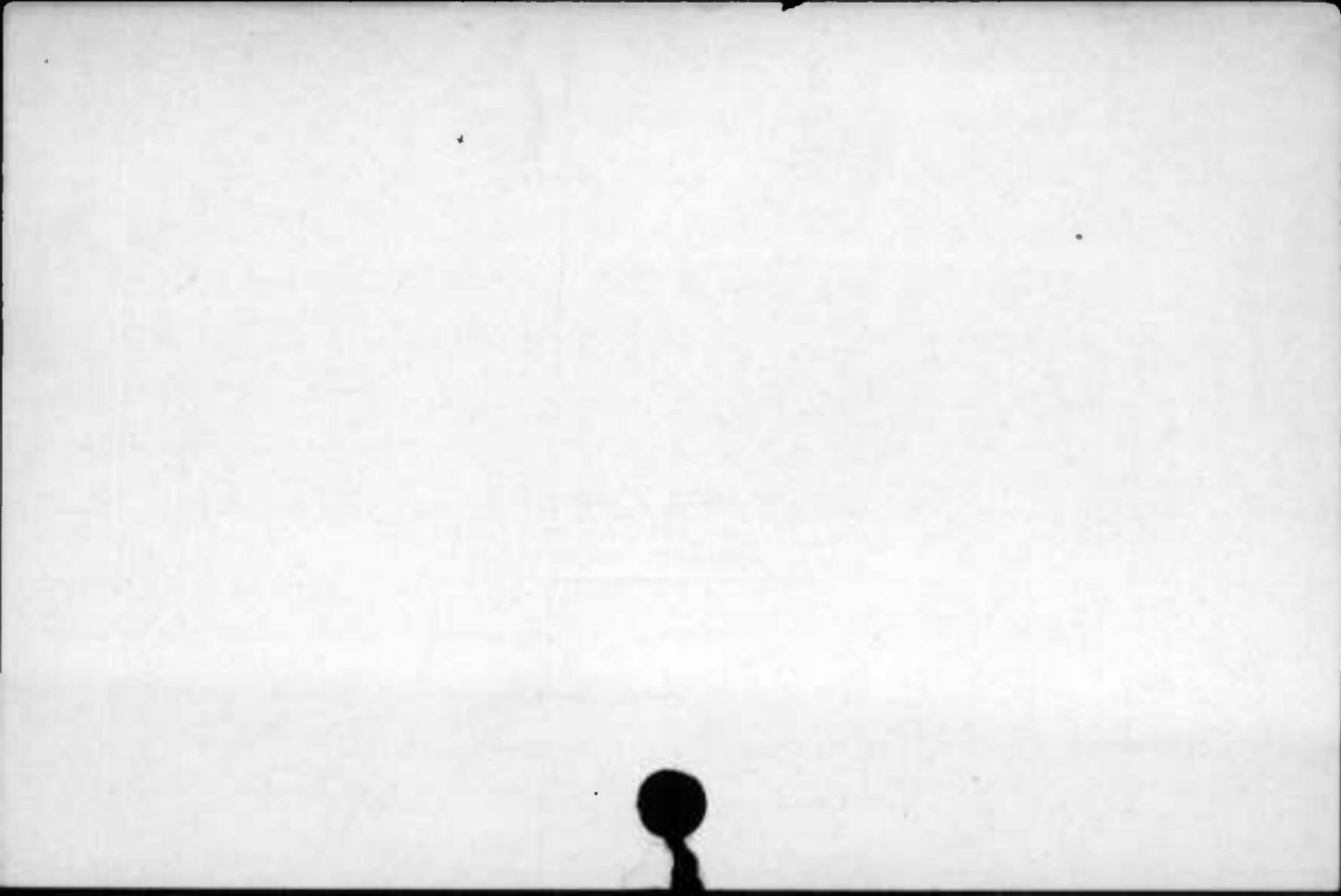
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Mt. Hope Retried	Baltimore Co.	Months	Days	
Date of death 1906	Month Jan	Day 20	Age 31	Years	unknown unknown
Sex Female	Color or Race white	Birth-place Baltimore Md.			
Occupation House work -	Where Residing if not at place of death 1536 Pennsylvania Ave. Baltimore				
Married, Single - or Widowed	Name of Wife or Husband Harry Fenzel	Father's Name	unknown	Father's Birthplace	unknown
Mother's Maiden Name "	"	Mother's Name	"	Mother's Birthplace	"
Name of person giving information	Raele Mt. Hope	How related to deceased not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Melancholia (Cerebral Congest)	How long	about 10 days -
Immediate	Cardiac Paralysis	How long	only few minutes -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Flannery
		Address	Mt. Hope Retried Baltimore Co. Md.
Accident or Suicide?			



Name
in
Full

Marie Foehrkolt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Canton	Town	County	MARYLAND		
Date of death	1906 Jan	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White		Birthplace	MD
Occupation			Where Residing if not at place of death	440 Vaughn St		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Foehrkolt			Father's Birthplace	MD	
Mother's Maiden Name	Anna Foehrkolt			Mother's Birthplace	MD	
Name of person giving information	John Foehrkolt			How related to deceased	Father	

CAUSES OF DEATH

Primary Natural Causes How long 119
 Immediate " " " How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Crown John G Muelly
Address 501 N. Clinton St

Accident or Suicide?

Sacred Heart Cemetery

Jan 25th 1906

Germanus France

Name
in
Full

Virginia Folio

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Jan	11 th	Age 58	unknown	unknown	
Sex	Female	Color or Race	White	Birth-place	Unknown	
Occupation	none	Where Residing if not at place of death		New York City		
Married, Single or Widowed	Single	Name of Wife or Husband	Unknown			
Father's Name	Unknown	Father's Birthplace		Unknown		
Mother's Maiden Name	"	Mother's Birthplace		"		
Name of person giving information	Reeds Mt Hope	How related to deceased		not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Terminal Disease	21	How long	
Immediate	Ex. Tuberculosis	21	32 yrs	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
Yes		Frank J. Flannery	about one year	
		Address	Mt Hope Retire.	
			Mt Hope Md.	
Accident or Suicide?				



Name
in
Full

Amanda A. Freshline

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Arundale

County
Balto

MARYLAND

Date of death 1906 Month 1 Day 9 Age Years Months 26 Days 6

Sex Female

Color or Race

white

Birth-place

Balto Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Audrae Freshline

Father's Birthplace

Balto

Mother's Maiden Name

Lottie Clark

Mother's Birthplace

Balto

Name of person giving
Information

Lewis Royes

How related
to deceased

CAUSES OF DEATH

Primary

Convulsions ① one day

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yls

Signature of
Physician

Address

J. H. Marzec
1129 Highland Av.

PHYSICIAN
OR CORONER

Accident or Suicide?

No

J Herwig & Son
Mt. Carmel leem.

1/11/06

Name
In
Full

George Fry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Keighington	County	MARYLAND
Date of death	1906 May	Month Day	24 th Years 3
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death 808 Eastern Ave		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Henry Fry	Father's Birthplace	Germany
Mother's Maiden Name	Battery Litzinger	Mother's Birthplace	Germany
Name of person giving information	Father	How related to deceased	Henry Fry

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inflammation Brain & Liver	How long	2 days
Immediate	congestion	How long	few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E W Lammy M.D.
Address	304 Bandal. Ex/ play weak & Nervous or injury		
Accident or Suicide?	This child -		

Oak Lawn Icem.
J. Hennig & Son

1/26/06

Name
in
Full

Frances Gainer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	Maryland	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Va	
Occupation	Housewife			Where Residing if not at place of death	Phoenix	
Married, Single or Widowed	Sidon	Name of Wife or Husband	Frances Gainer	Father's Name		
Father's Name				Mother's Name		
Mother's Maiden Name				Name of person giving information	Walter Barrett	How related to deceased
Not related						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parasomnia	(93)	How long
Immediate			4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Yes	Address		
Accident or Suicide?	J. O. Parmer Phoenix		

Funeral at Poplar Cemetery
Jan 28

W. C. Brooks

Name
in
Full

Thos. C. Gardner

CERTIFICATE OF DEATH

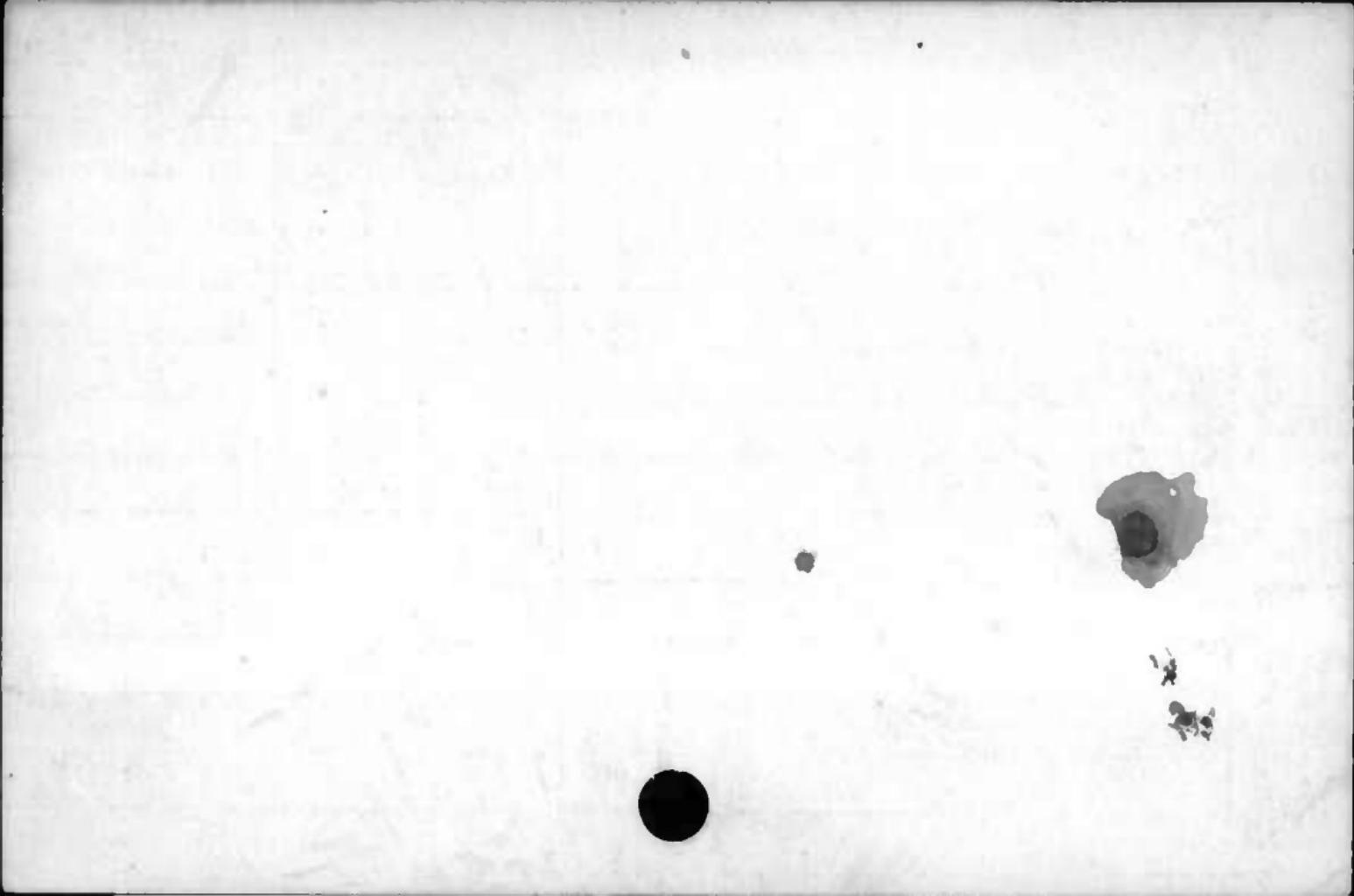
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1906	Month	Day	Years	Months	Days	
Male		Color or Race	White		Birth-place	Md.
Married, Single or Widowed	Widower		Occupation	Butcher		
Name of Wife or Husband						
Father's Name				Father's Birthplace	—	
Mother's Maiden Name				Mother's Birthplace	—	
Name of person giving Information	St. St. Matthews			How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Veterinary heart disease	How long	sick years
Immediate	heart failure	How long	suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. E. M.
		Address	Georgetown
Accident or Suicide?			



Name
in
Full

Annie G. Gebhardt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	one	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Gebhardt				
Mother's Maiden Name	Kati Hammer				
Name of person giving information	Kati Gebhardt				
	(92)				

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	Catarrhal Pneumonia	How long	3 weeks
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. L. M. MAXWELL
Yes.		Address	B and Gough
Accident or Suicide?		Highlandtown Md	

Oak Lawn Cemetery

Jan. 23rd 1906

Germannus Tatius

Insulator

Name
in
Full

Eveline Constantia Glenn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sax	Color or Race	White	Birth-place	New Jersey
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	William Glenn	Father's Birthplace	New Jersey
Father's Name	David S. Blackman	Mother's Birthplace	New Jersey	
Mother's Maiden Name	Abigail B. Doughty	How related to deceased	Husband	
Name of person giving information	William Glenn	(21)		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis.	How long	1 year.
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Robert H. King.
		Address	Stage St. Baltimore
Accident or Suicide?			

H. M. Jenkins & Sons Co.

Richmond Va

Name
in
Full

Edith Zaida Grace.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	New York	
Occupation	Housewife		Where Residing if not at place of death	J. Harry Grace.		
Married, Single or Widowed	Married	Name of Wife or Husband	J. Harry Grace.			
Father's Name	Jefferson J. Woodruff		Father's Birthplace	New York		
Mother's Maiden Name	Zaida C. Husay		Mother's Birthplace	New York		
Name of person giving information	J. Harry Grace		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Nephritis of pregnancy		How long	3 wks.
Immediate	Cardiomegaly - Edema of Lungs		How long	2 or 4 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F.W. Rockw.	
Address	Stafford Building St. Paul Bldg. Md.			
Accident or Suicide?				

Undertaker John A. Haiger
223 S. Broadway
Balto. Md

Place of burial Loudon Park Cemetery

Name
in
Full

Mary J. Green,

CERTIFICATE OF DEATH

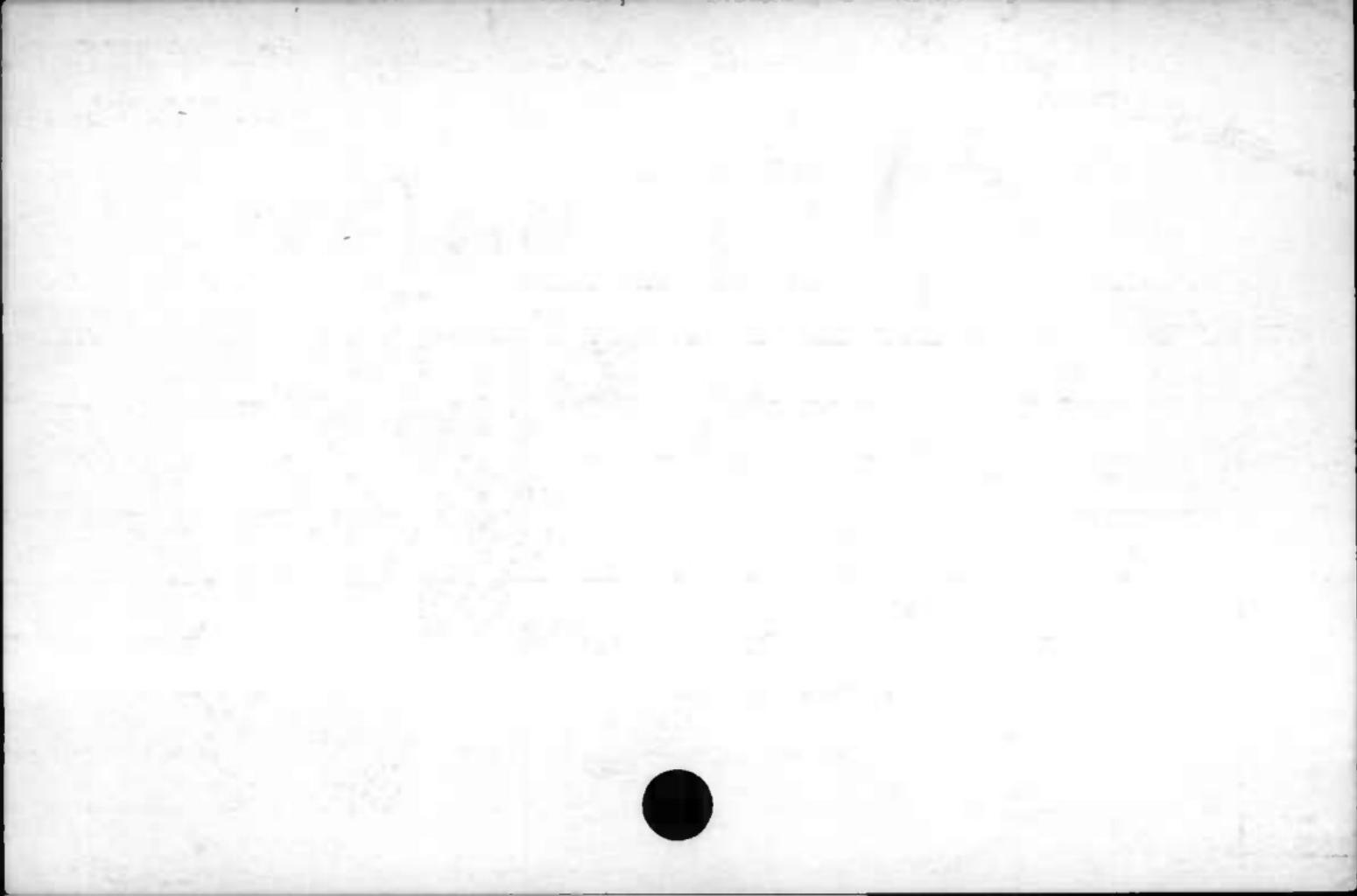
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Catoonsville</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>Jan</u>	Day <u>31</u>	Years <u>61</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Colored</u>	Birth- place <u>Md.</u>			
Occupation <u>Cook.</u>	Where Residing if not at place of death <u>Catoonsville</u>				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u> </u>				
Father's Name <u> </u>	Father's Birthplace <u> </u>				
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>				
Name of person giving Information <u>Annie Snowdon</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Left-Lobar Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Cardiac failure</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall B West.</u>
	Address <u>Catoonsville</u>
Accident or Suicide? <u> </u>	<input checked="" type="checkbox"/> <u> </u>



Name
in
Full

Chas Z Grensee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-place	Days
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Bethel C
Father's Name	Frank Grensee	Mother's Birthplace	" "
Mother's Maiden Name	Aura Berk	How related to deceased	Father?
Name of person giving information	Frank Grensee		
CAUSES OF DEATH			
Primary	Malnutrition	How long	
Immediate	(15)	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			

PHYSICIAN
OR CORONER

Signature of Physician

Address



Name
in
Full

Rev. Heinrich Syr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
HAMILTON	Baltimore				
Date of death	Month	Day	Years	Months	Days
1906	7	7	74	7	5
Sex	Male	Color or Race	W.	Birth-place	Suitzfeld
Occupation	Minister		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Maria Syr.		
Father's Name	Jacob. Syr.		Father's Birthplace	Suitzfeld	
Mother's Maiden Name	Elizabeth		Mother's Birthplace	"	
Name of person giving information	Mrs Maria Syr.		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sarcify.
Tepatitis

(120)

How long

Immediate

6 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Walter H. Vinat.
Hamilton, Md.

Accident or Suicide?

Philip Seewald & Son
Pastor Gauvadis Cemetery
on Trap Road

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Agusta Haberkorn

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Frank Rd Williams	Baltimore Co			
Date of death	Month	Day	Years	Months	Days
1906	January	20	45	2	21
Sex	female	Color or Race	white	Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Wife or Husband	Richard Haberkorn		
Father's Name	Andrew Hubner		Father's Birthplace	Germany	
Mother's Maiden Name	—		Mother's Birthplace	Germany	
Name of person giving information	Richard Haberkorn		How related to deceased	husband	

CAUSES OF DEATH

Primary	Asthma, cardiac	(79)	How long	1 wk	
Immediate	Heart disease		How long	—	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Geo. S. M. Kupper	
			Address	1 Morell Pk	
				Baltimore Md	
Accident or Suicide?					

H. Knell
Mr Olivet-

Name
in
Full

Frances A Harker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death 1906	Month 1	Day 12	Years 78	Months	Days
Sex Female	Color or Race	Occupation	Birth-place Maryland	Maryland	
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed		Xenos wife			
Name of Wife	Jackson Harker				
Husband	John Gladson	Father's Birthplace	Maryland		
Father's Name	Rebecca Gladson	Mother's Birthplace			
Mother's Maiden Name	John C Harker	How related to deceased	Sane		
Name of person giving information					

CAUSES OF DEATH

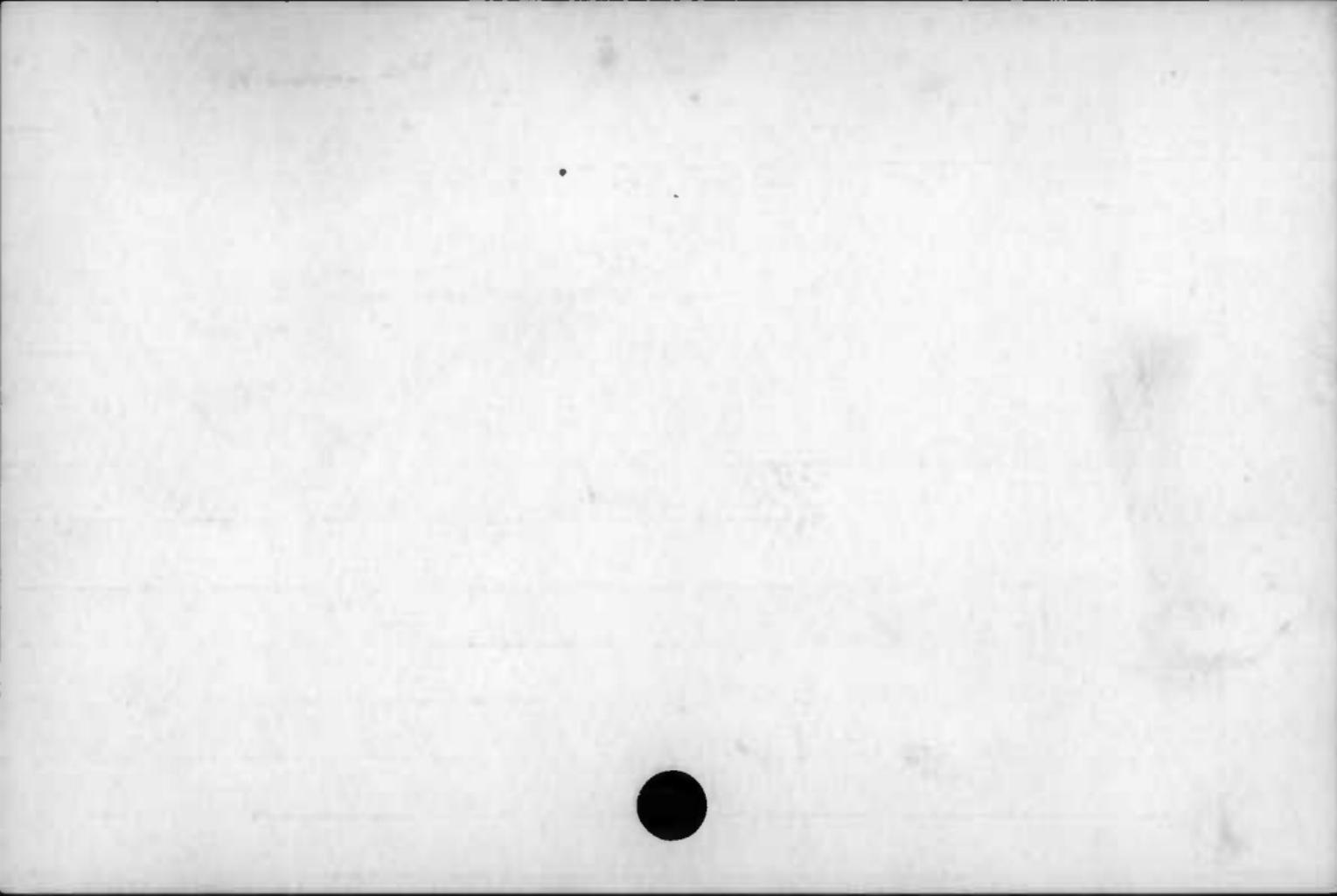
PHYSICIAN
OR CORONER

Primary	Senility.	How long
Immediate	Adynamia	154 How long
Are the name, age, sex, color, date and place correctly given above?	Yrs.	Signature of Physician
		Address



Wm F. S. Whiteford
Parkville, Md.

Accident or Suicide?



Name
in
Full

Dorothea Elizabeth Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Catonsville

Town

County

MARYLAND

Date of death 1906 Month Jan Day 26 Age — Years 1 Months .2 Days —

Sex female

Color or Race Colored

Birth-place Catonsville

Occupation

Where Residing if not
at place of death

Catonsville

Married, Single
or Widowed

Single

Name of Wife or Husband

Father's Name

Daniel Harris

Father's Birthplace

Balto Co

Mother's Maiden Name

Mary Forsett

Mother's Birthplace

Va

Name of person giving
Information

Daniel Harris

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pertussis

8

How long

2 mos

Immediate

Pneumonia

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

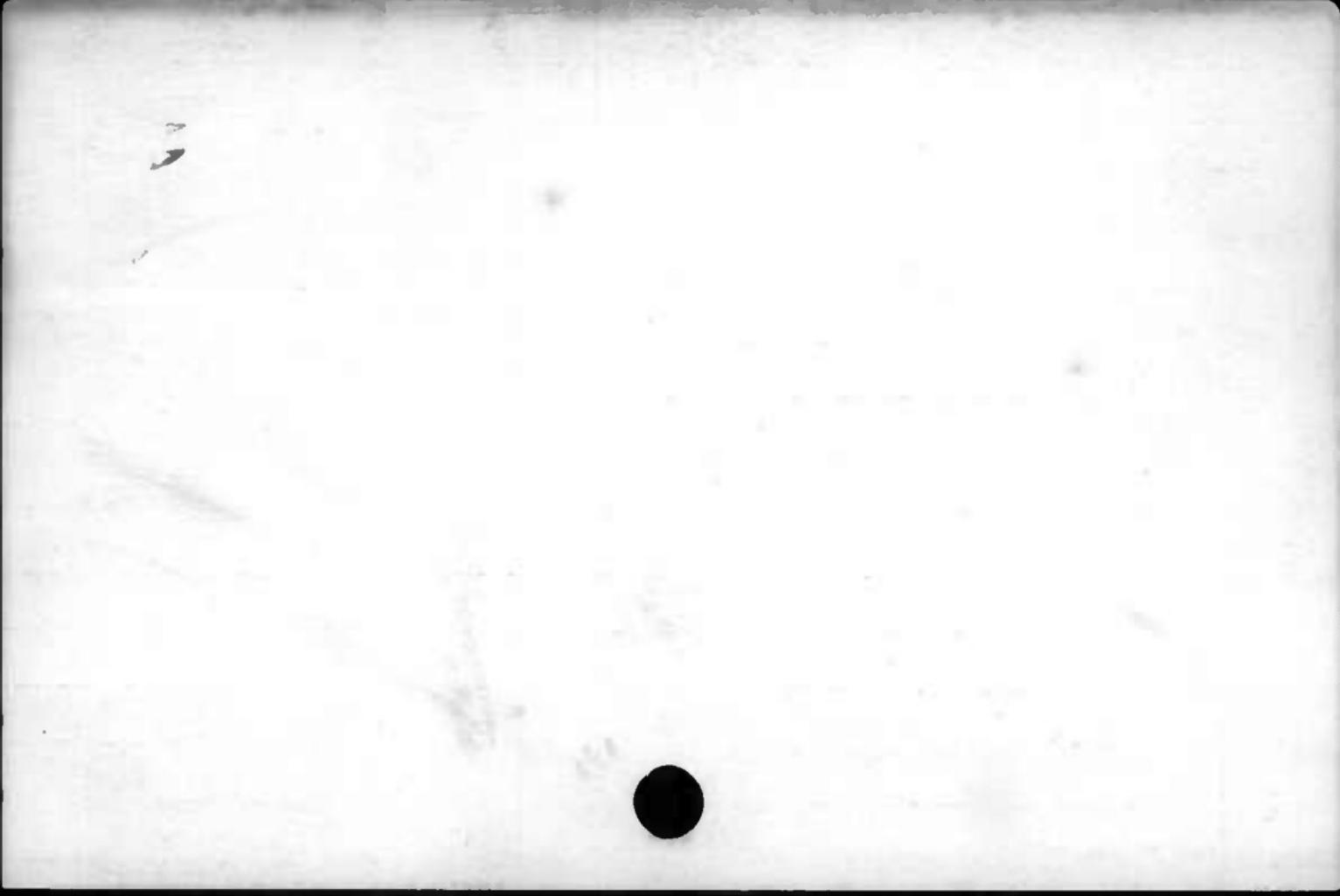
Signature of
Physician

Marshall B West.

Address

Catonsville Md.

Accident or Suicide?



Name
in
Full

Katharine Clara Flannery,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

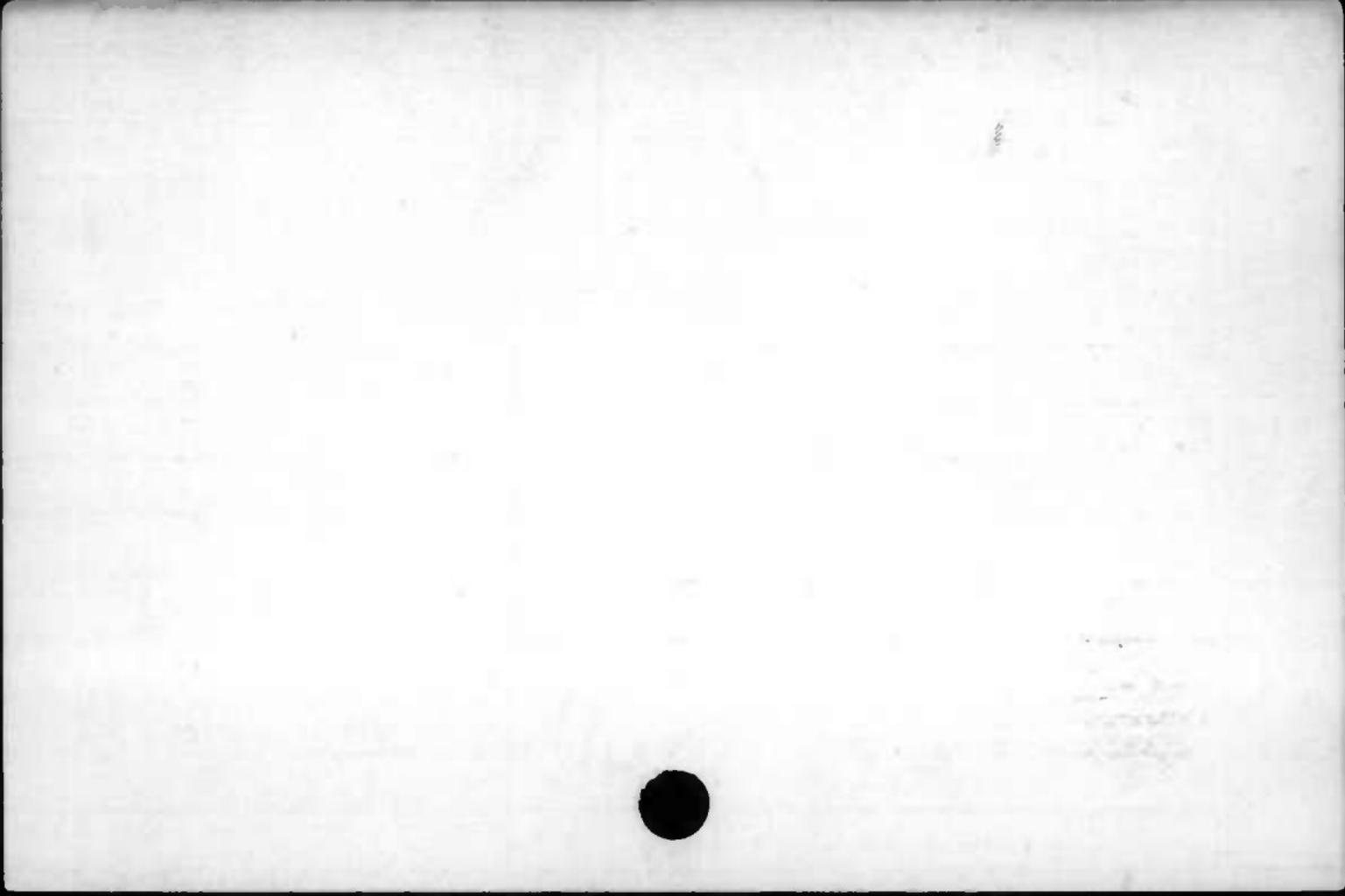
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906 Jan.		29	one year			18.	
Sex	Female.	Color or Race	white		Birth-place	Highlandtown,	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Thomas Flannery,						
Mother's Maiden Name	Mauda Dennis,						
Name of person giving information	Thomas Flannery						

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary	Causes of Death	How long
Immediate	Copulmonary Hemorrhage, Hypertrophic Cardiitis, tubercular	4 days. 2 ft. in.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes.	J.P. O'Clair, M.D.	
Address	148 A. Clinton St.	
Accident or Suicide?	✓ Highlandtown	



Died at

Town

County

MARYLAND

Geoie W. Fredrick
Beckleyville, Balt.

Date 19

04

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 68, 2, 6

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother 3

Maiden Name

Cause of

Primary

Cystitis

How long sick

Death

Immediate

123

4 weeks,

Accident, Suicide, Homicide

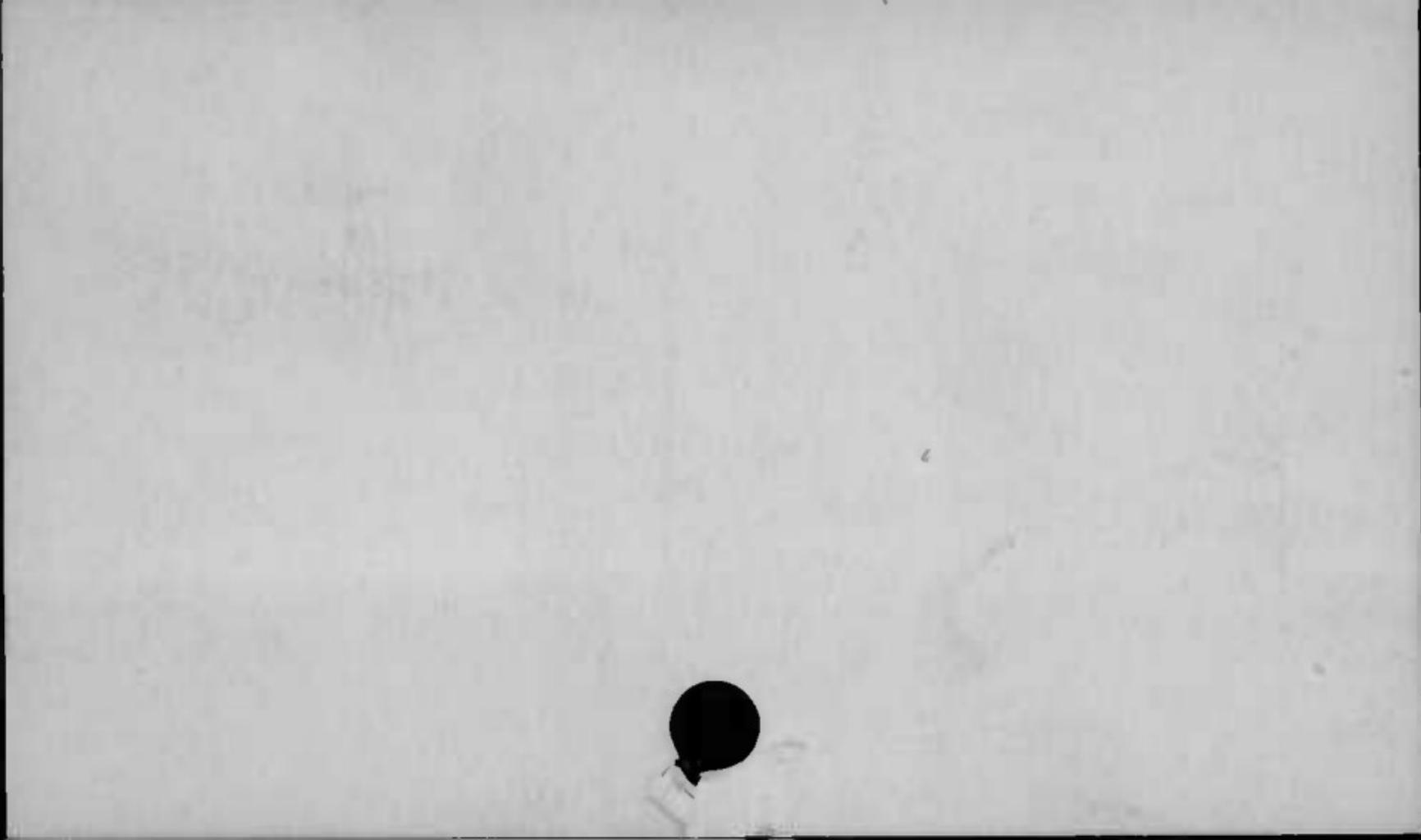
Reported by

E. R. Albaugh

Address

Slen Rock Jr. D. #1

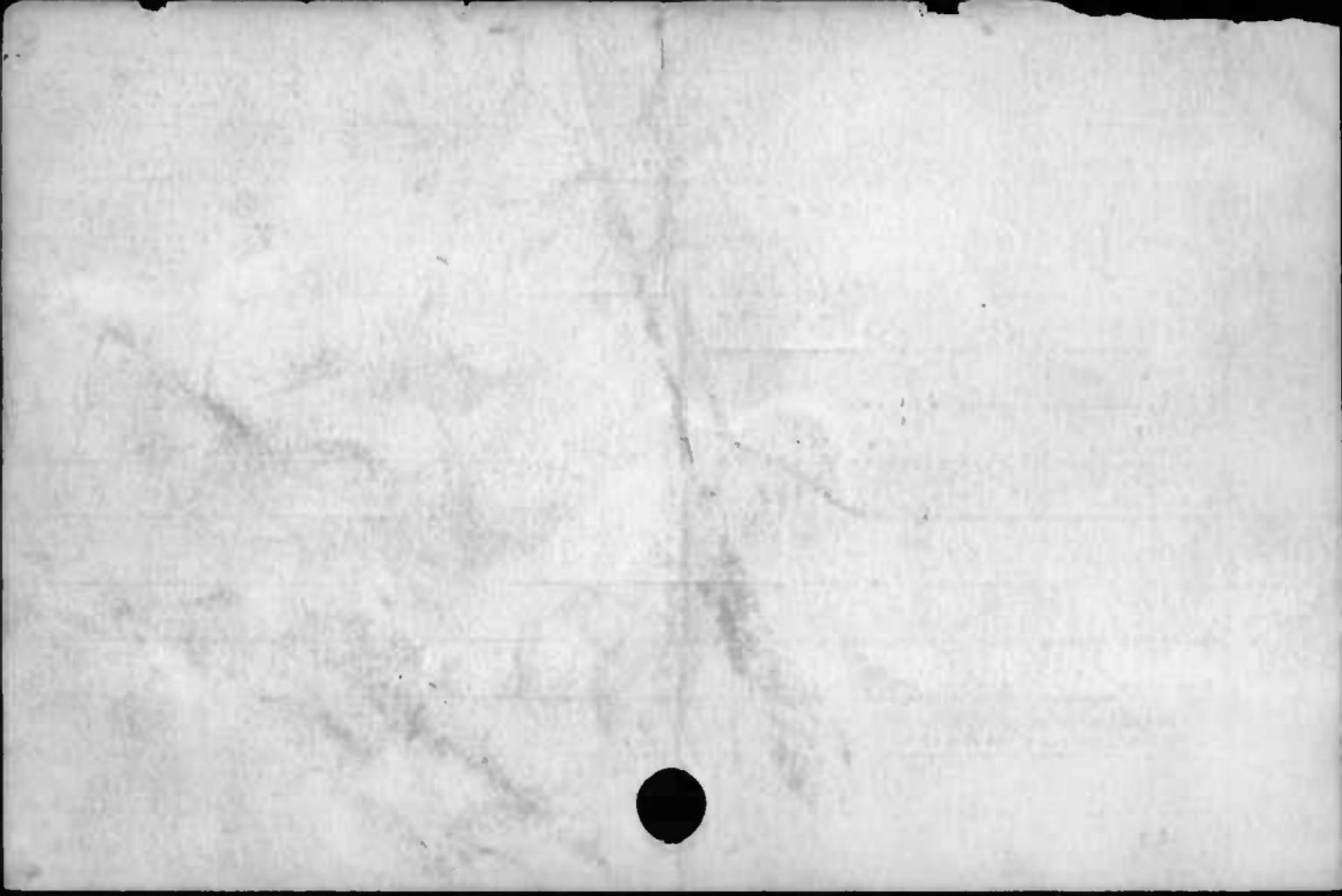
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Wm. Lee Heinbuch						CERTIFICATE OF DEATH	
Died at <u>Gardenville</u>			Town <u>Balto</u> County <u>Balto</u>			MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>25</u>	Age <u>3</u>	Years <u>3</u>	Months <u>4</u>	Days <u>6</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Gardenville Balto. Co.</u>			
Occupation <u> </u>	Where Residing If not at place of death <u> </u>						
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>						
Father's Name <u>Wm. A. Heinbuch</u>				Father's Birthplace <u>Balto. City</u>			
Mother's Maiden Name <u>Sula E. Clayton</u>				Mother's Birthplace <u>Balto. Co.</u>			
Name of person giving information <u>Wm. A. Heinbuch</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Double lobar pneumonia</u>	How long	<u>33 days</u>
Immediate	<u>Exhaustion</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Edwin B. Ferry, M.D.</u>
		Address	<u>1219 N. Caroline St.</u>
Accident or Suicide?		<u>✓ Baltimore Md.</u>	



Name
in
Full

Still Born of Char. & Minnie Henneman CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	White	Color or Race	American	Birth-place	Morrell Park	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charler Henneman			Father's Birthplace	Balto. Md.	
Mother's Maiden Name	minnie st. Reiter			Mother's Birthplace	" " "	
Name of person giving information	Charler Henneman			How related to deceased	Father	

CAUSES OF DEATH

Primary

Succ Rupture oad.

How long

-

Immediate

Still Birth

How long

-

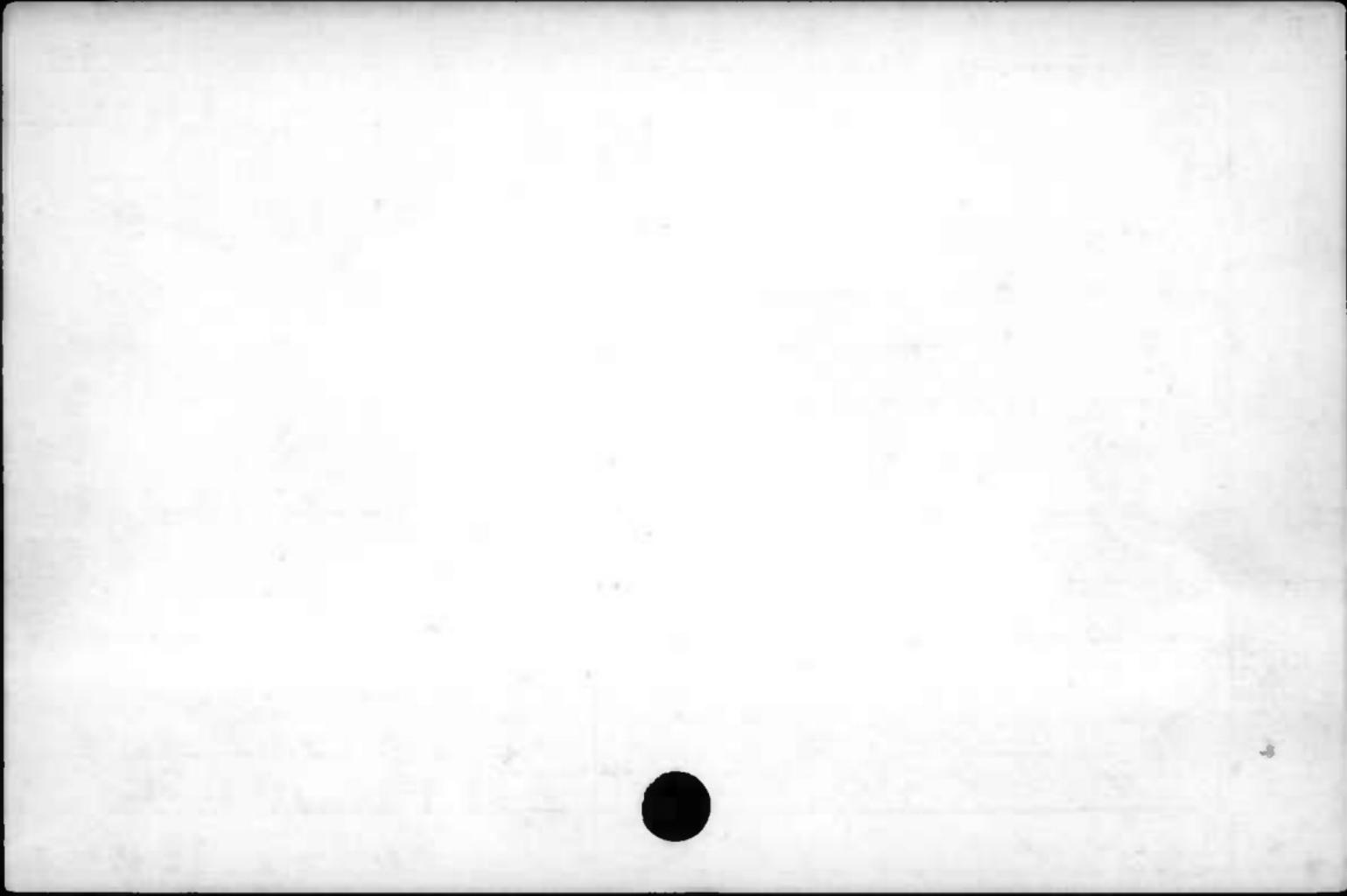
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. Oldham
Mt. Washington

Address

Accident or Suicide?



Name
in
Full

Nannie Lloyd Stoff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Wm R. Holl			
Father's Name	W. J. Goldsborough				Father's Birthplace
Mother's Maiden Name	Ellen G. Lloyd				Mother's Birthplace
Name of person giving information	Sullivan Pitt				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of Ovaries

How long

42

4 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D^r Thomas B. Fratcher

3 Mr. Franklin St.

Baldwin N.Y.

Accident or Suicide?

Henry W. Feltins & Sons Co.
Greenmount Avenue Baltimore Md.

Mrs Jessie Kuss

Town *Sheppard & Enoch Pratt Hosp* County *Baltimore*

Died at *Towson*

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
06	Jany	5	Age	42		Russia	Housewife
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower		Number of children living

Husband

Maurice Kuss

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Delirium - Toxic

How long sick

In Hosp Since 1/17-05

Death

Immediate

Acute Nephritis

Accident, Suicide, Homicide

Reported by

E.W. Dunc

Address

Sheppard & Enoch

Pratt Hosp & Towson ✓
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Max Levenson
1138 Dow St
Baltimore

Burial
Philadelphia Good
Rosedale

Name
in
Full

Henrietta Jackson

CERTIFICATE OF DEATH

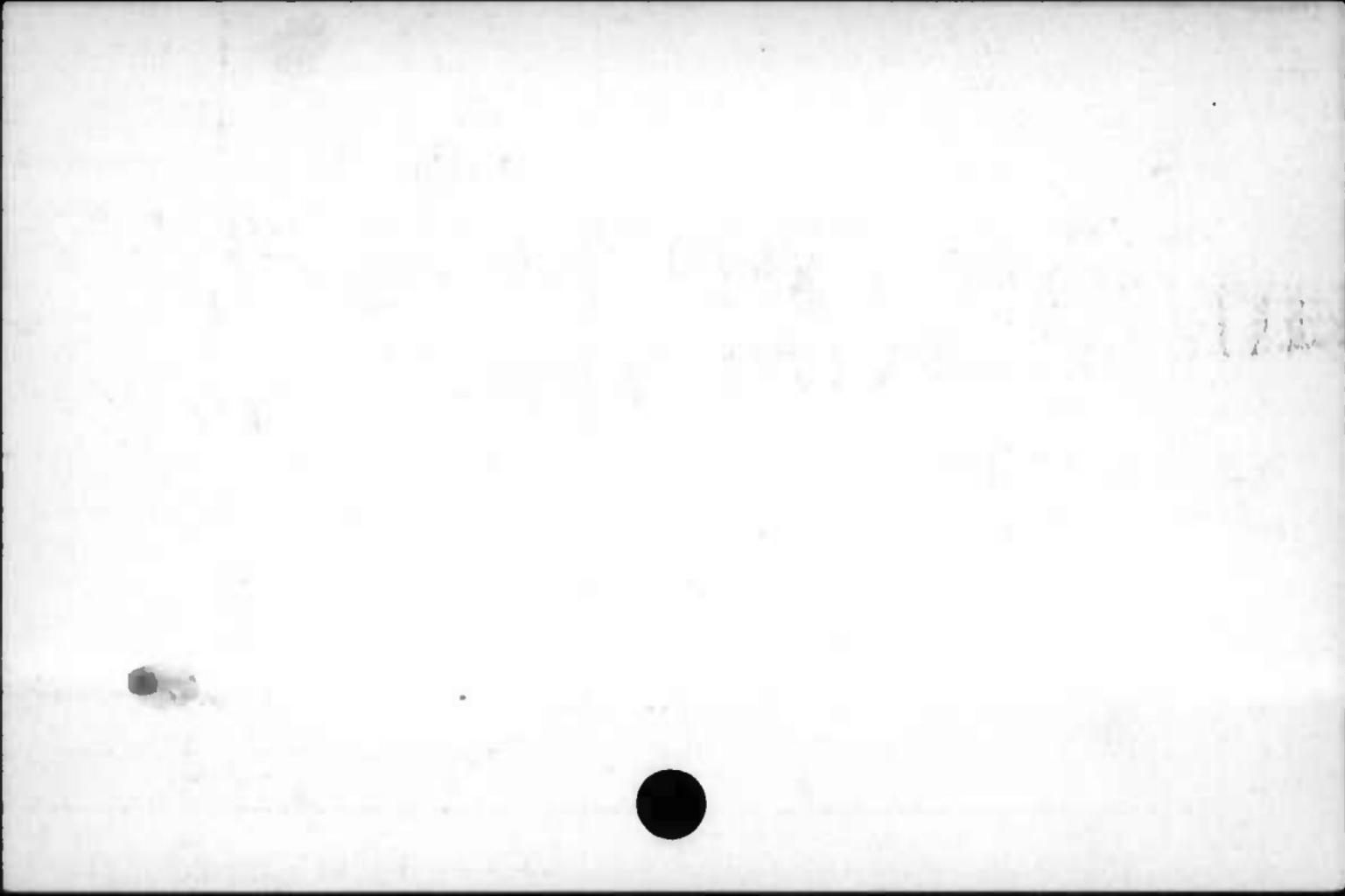
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Jan	Day 5	Years 1	Months	Days 25
Sex Female	Color or Race Colored	Birth-place Glenor Md.			
Married, Single or Widowed Single	Occupation —				
Name of Wife or Husband					
Father's Name Victor Jackson	Father's Birthplace Baileys Co.				
Mother's Maiden Name Susan Venie (99)	Mother's Birthplace Va.				
Name of person giving information Victor Jackson	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Abscesses	How long Two weeks
Immediate	Suffocation	How long a few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician A. R. Mitchell
		Address 100 W. Mountain St., Mount St. Md.
Accident or Suicide?	✓	



Name
in
Full

Elsworth Jefferson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

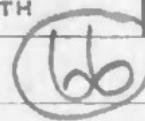
Died at	Canton		Baltimore	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place Baltimore		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charles Jefferson			Father's Birthplace	Baltimore	
Mother's Maiden Name	Alice Henderson			Mother's Birthplace	Md.	
Name of person giving information	Charles Jefferson			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis



How long

7 weeks

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

O. L. Long

2429 Fifth Ave.

Baltimore

Accident or Suicide?

H. Sanderson Stone

W. Carmel

Name
in
Full

Charlie Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	Jan	22	2 19
Sex	Color or Race	Birth-place	
Male	Colored	Balto. Co Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	James H. Johnson	Father's Birthplace	Baltimore Co Md
Mother's Maiden Name	Maggie Thompson	Mother's Birthplace	Baltimore City
Name of person giving information	Maggie Johnson	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Certusci

(8)

How long

Four month
one week

Immediate

Capillary Bronchitis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

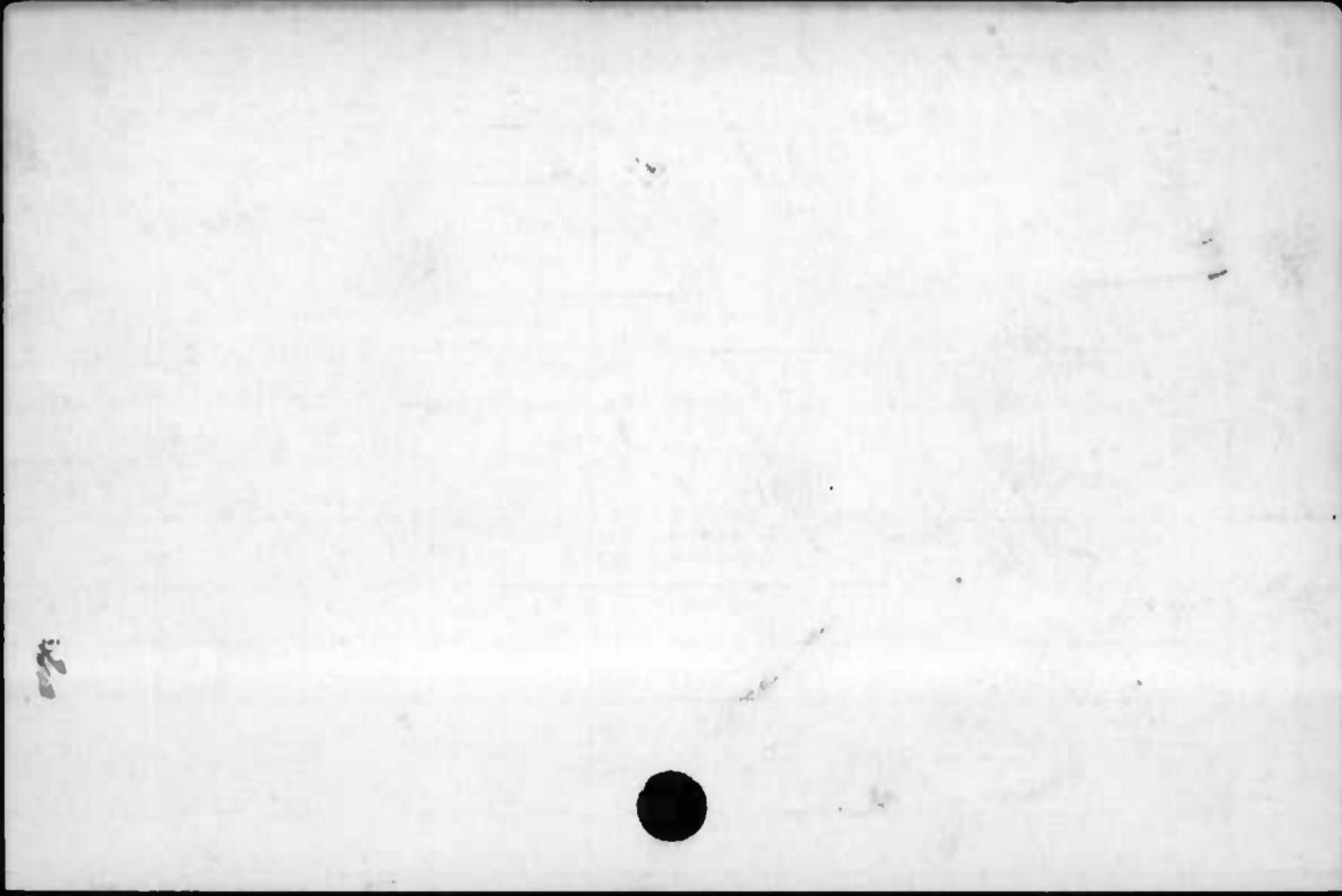
J. Rovedmie

Glyndor. Md

Accident or Suicide?

X

✓



Name
in
Full

Jones) Milton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

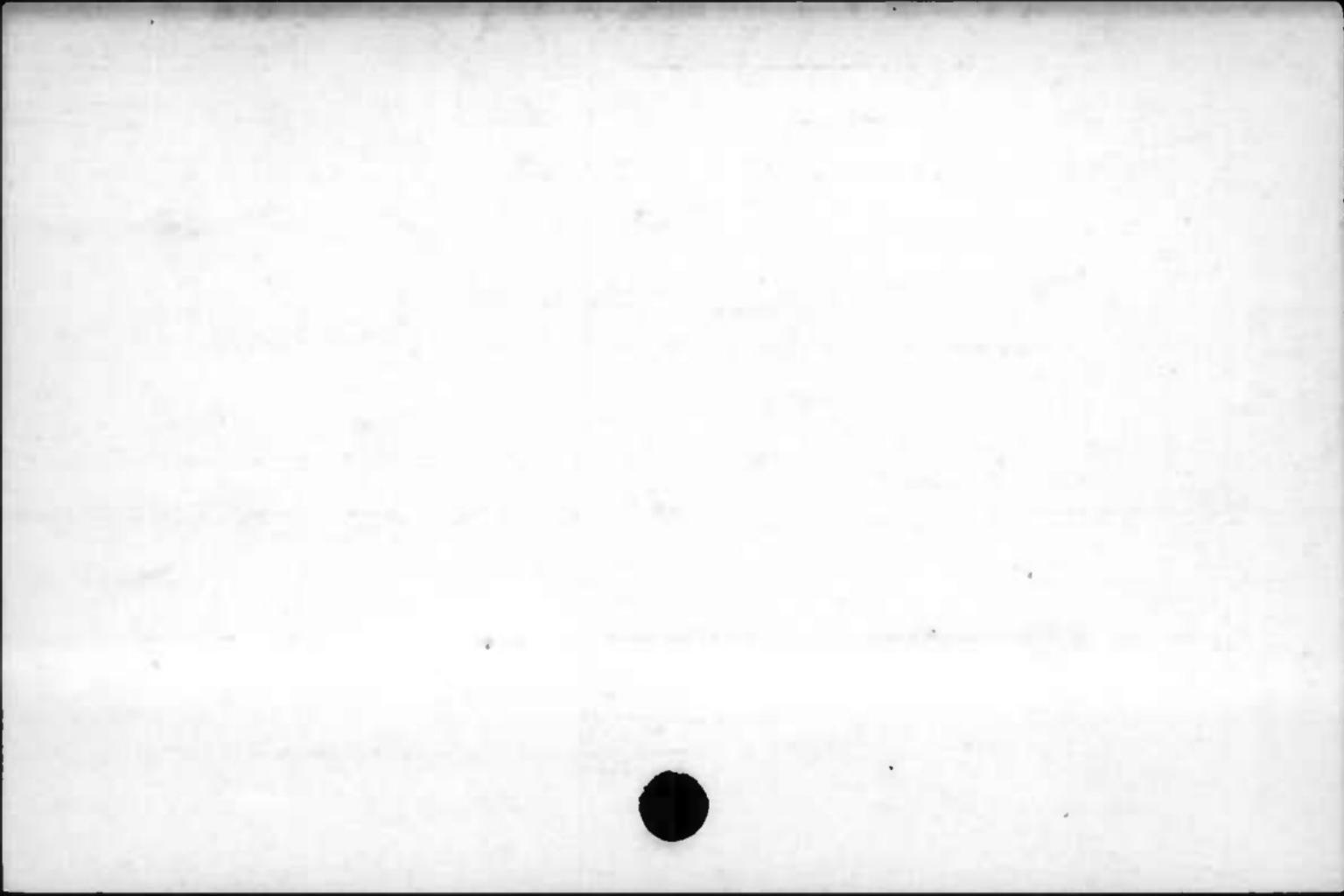
Died at	Town <u>Leathersville</u>	County <u>Brecks.</u>	MARYLAND		
Date of death	Month <u>1906 Jan</u>	Day <u>18</u>	Years <u>66</u>	Months	Days
Sex	<u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>		
Occupation	<u>Farmer</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	<input checked="" type="checkbox"/>	Father's Birthplace			
Mother's Maiden Name	<input checked="" type="checkbox"/>	Mother's Birthplace			
Name of person giving information	<input checked="" type="checkbox"/>	How related to deceased			

120

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dementia</u>	How long <u>26 yrs.</u>
Immediate	<u>Chronic Orgic Disease</u>	How long <u>6 mos.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. J. H. Nade</u>
		Address <u>Leathersville, Md</u>
Accident or Suicide?		<input checked="" type="checkbox"/>



Name
in
Full

Wm B. Judd

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm B. Judd		Father's Birthplace	Md	
Mother's Maiden Name	Annie N. Garrison		Mother's Birthplace	W. Y.	
Name of person giving information	Alice Judd Sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inguinal Phthisis. 26		How long	3 mos
Immediate	" asthma		How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm B. Judd M.D.	
		Address	1305 - London Ave.	
Accident or Suicide?	No		✓	

Dr. Mc Donald
1305 Linden Ave

Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Josephine Kere

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Henry Kere			
Father's Name			Father's Birthplace	Germany	
Mother's Maiden Name			Mother's Birthplace	Germany	
Name of person giving information	Harry L Sheiblin		How related to deceased	No relation	

CAUSES OF DEATH

Primary

Cerebral apoplexy

How long

6 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

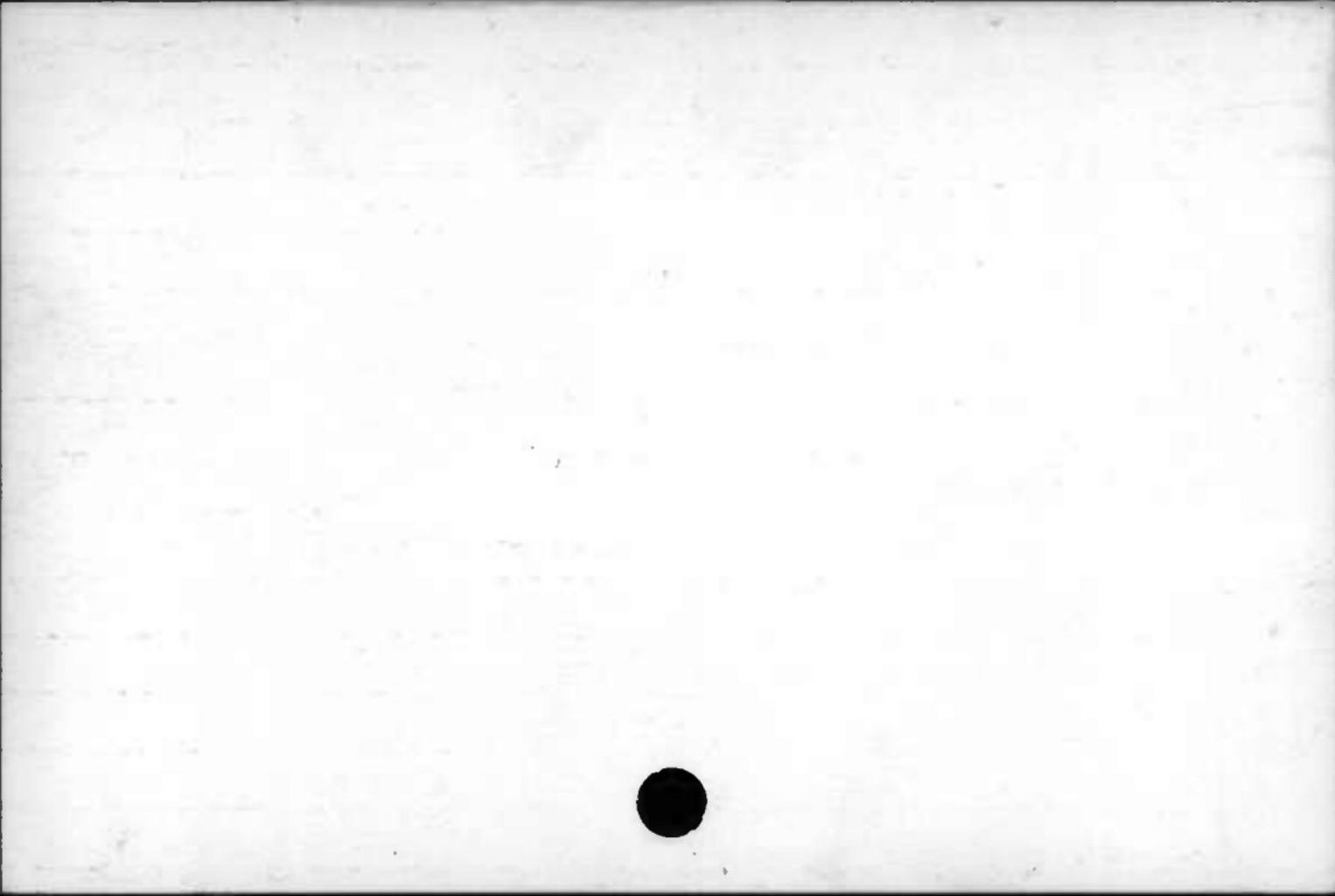
Yes

Signature of Physician

Address

6 village rd
Rossmile MD

Accident or Suicide? ..



Name
in
Full

Florence E

Kilchenstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1906	Month Jan.	Day 24	Age 19	Months 5	Days
Sex Female	Color or Race white	Occupation _____			
Married Single <u>Single</u>	Birth-place Maryland				
Name of Wife or Husband					
Father's Name	Aug Kilchenstein			Father's Birthplace	Md
Mother's Maiden Name	Catharina Christopher			Mother's Birthplace	Md
Name of person giving information	Aug Kilchenstein			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

(21)

How long

about 2 years.

How long

Immediate

General debility

Are the name, age, sex, color, date and place correctly given above?

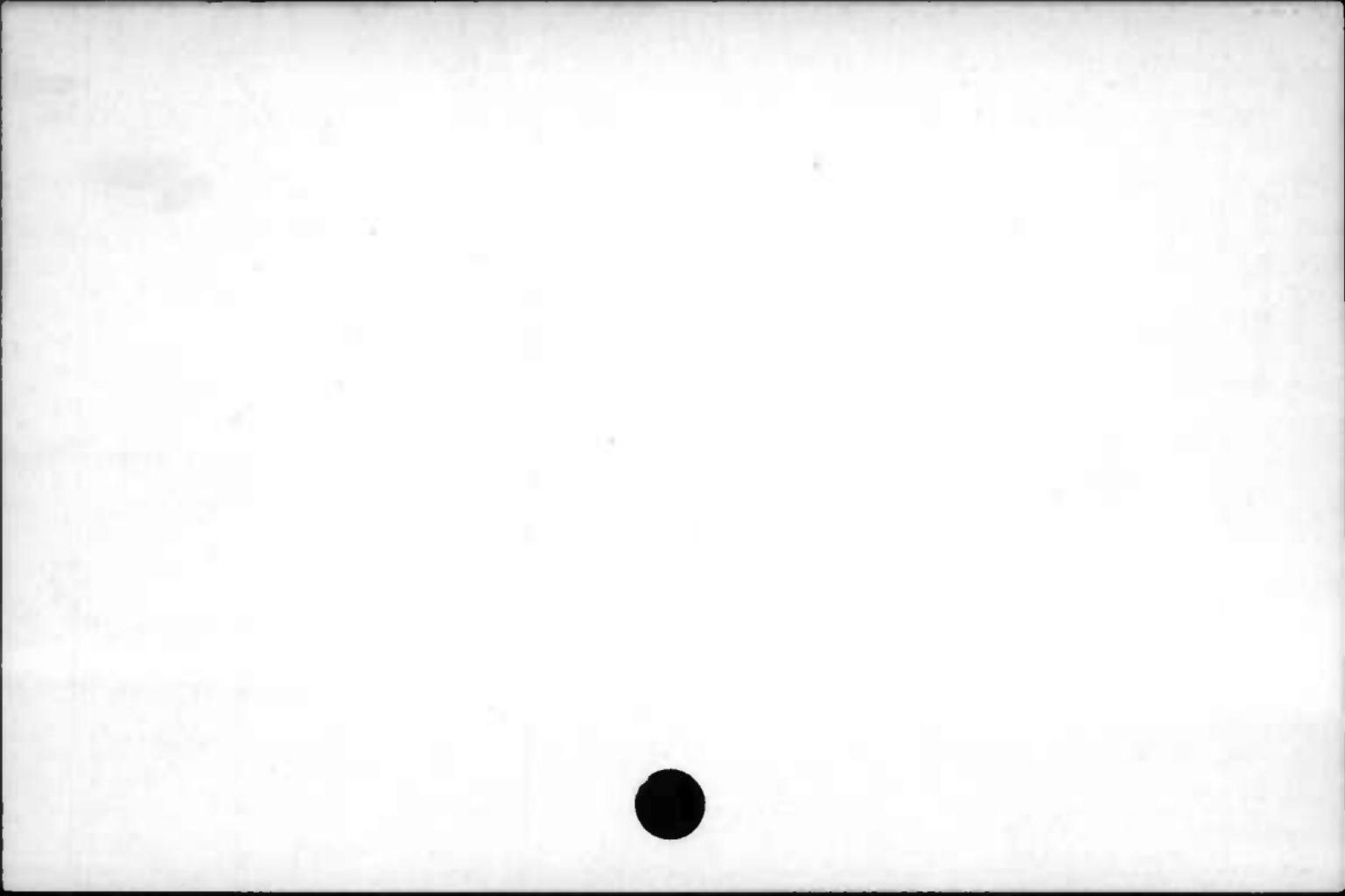
Signature of Physician

Address

To best of my knowledge

Lingard Whitford.
Fullerton, Md.

Accident or Suicide?



Name
In
Full

Elizabeth Huntz

CERTIFICATE OF DEATH

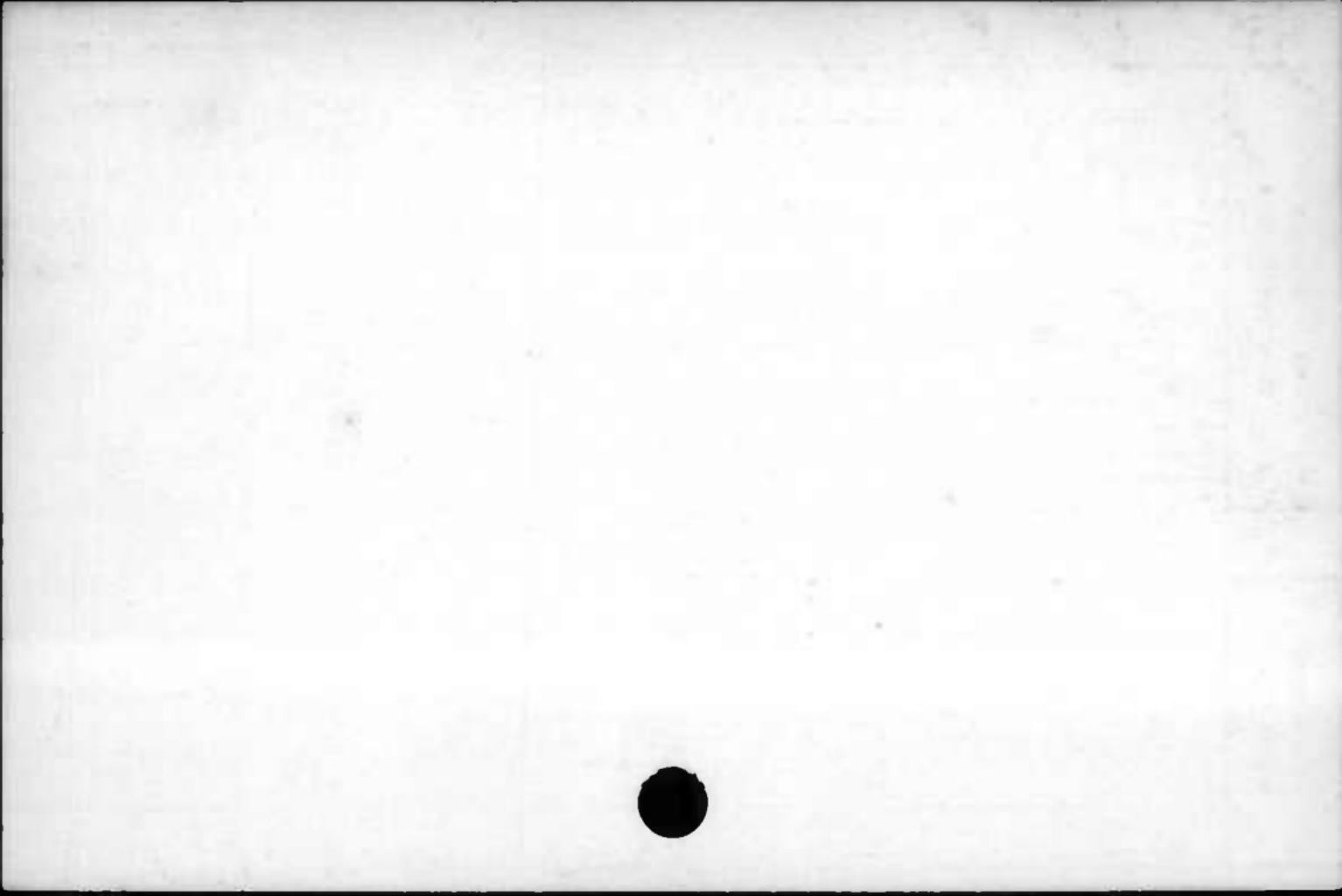
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906 Jan	Jan	8 th	89	—	12
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	House	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Jacob Huntz	Father's Birthplace	Germany
Father's Name	Charles Swan				
Mother's Maiden Name	Emma Swan	Mother's Birthplace			
Name of person giving information	Conrad Huntz	How related to deceased			
Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old Age	(154)	How long
Immediate	Infirmities of age		6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A.C. Smith	Address
			Woodlawn Sta.
Accident or Suicide?		✓	Wd



Name
in
Full

Walburger Binder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Died at	Highlandtown	Baltimore	
Date of death	Month	Day	Years
1906	1	13	61
Sex	Female	Color or Race	white
Occupation	Housewife	Where Residing if not at place of death	Germany
Married, Single or Widowed	Married	Name of Wife or Husband	Mathias Binder
Father's Name	Unknown	(21)	Unknown
Mother's Maiden Name	—		—
Name of person giving information	Mathias Binder	How related to deceased	Husband

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	1/2 yrs.
Immediate	Hemorrhage	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. A. Glantz, M.D.
		Address	4: Eastern Ave. Et.
Accident or Suicide?			✓

Sacred Heart Cemetery

Jan. 16th 1906

Germanus Hanse

Under lateen

Name
in
Full

Ino List Sr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1906	Month Jan.	Day 27	Years Ago 85 years
Sex male	Color or Race White	Birth place Germany	
Occupation Miner	Where Residing if not at place of death Lauraville		
Married, Single or Widowed Widowed	Name of Wife or Husband		
Father's Name	Not Known	Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information	Mrs Chas' Schulz Daughter		

CAUSES OF DEATH

Primary Old age 154 How long

Immediate Asthma, Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

yes

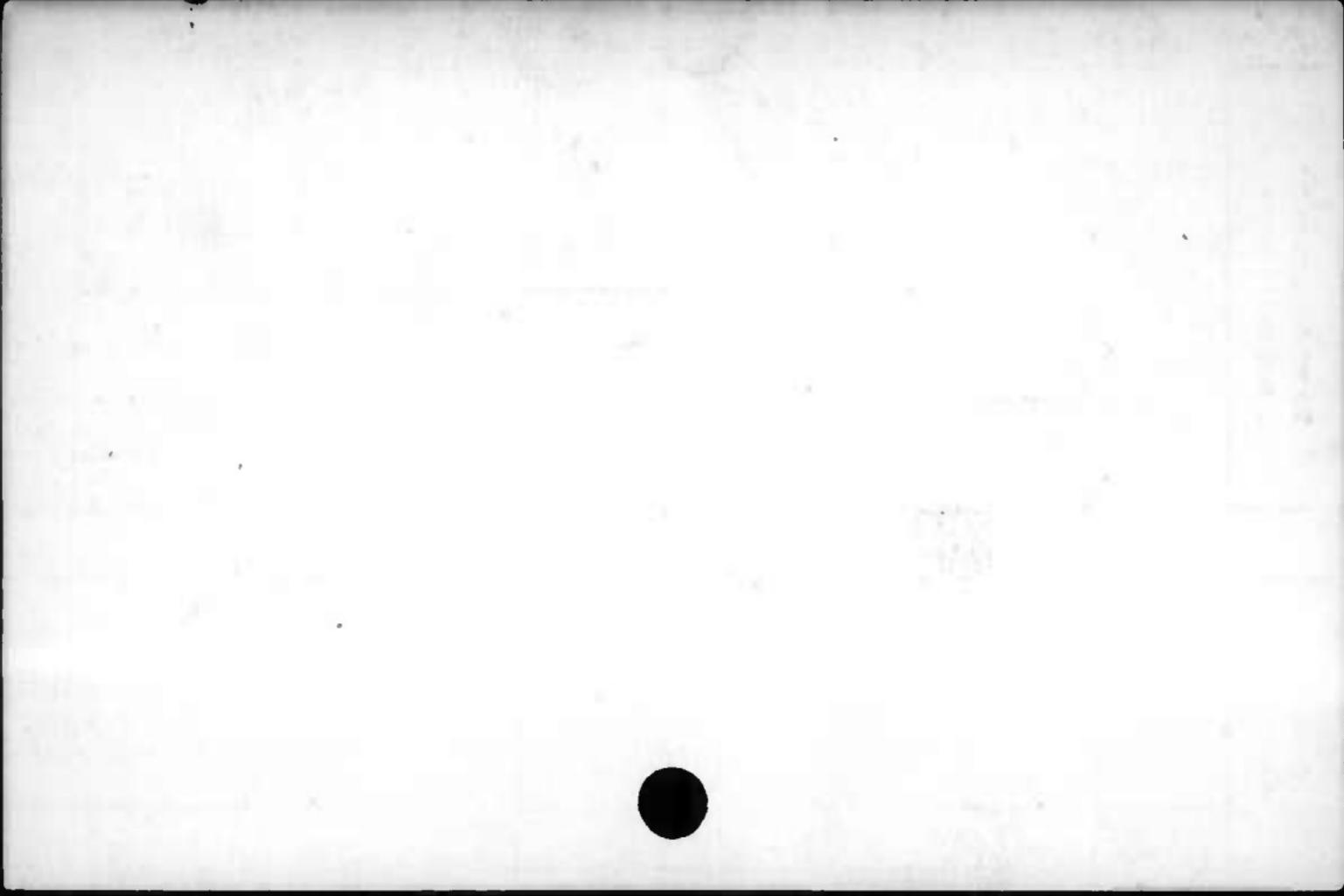
Signature of Physician

Wm. D. Corse M.D.

Address

Gardenville, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Bridget Logan

CERTIFICATE OF DEATH

Town	County		MARYLAND	
Died at	Baltimore			
Date of death	Month	Day	Years	Months Days
1906	Jan.	9 th	about 78	— —
Sex	Color or Race	Birth-place		
Female	white	Ireland		
Occupation	Where Residing if not at place of death			
Domestic	Texas Md.			
Married, Single or Widowed	Name of Wife or Husband	—		
Sing.	—	—		
Father's Name	Father's Birthplace			
Michael Logan	Ireland			
Mother's Maiden Name	Mother's Birthplace			
Mrs Mc Cormick	Ireland			
Name of person giving Information	How related to deceased			
Andrew J. Neough	Cousin			

CAUSES OF DEATH

Primary	Cause of Death		How long
Cardiac Disease	79	(79)	Sudden
Immediate	—		How long
—	—		—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Address
Yes	D. Dr. Burrey M.D.		Texas Md.
Accident or Suicide?	—		✓

St Joseph Cemetery
Texas

Jan 11/06

H.C. Windfield

Name
in
Full

Susan B Long

CERTIFICATE OF DEATH

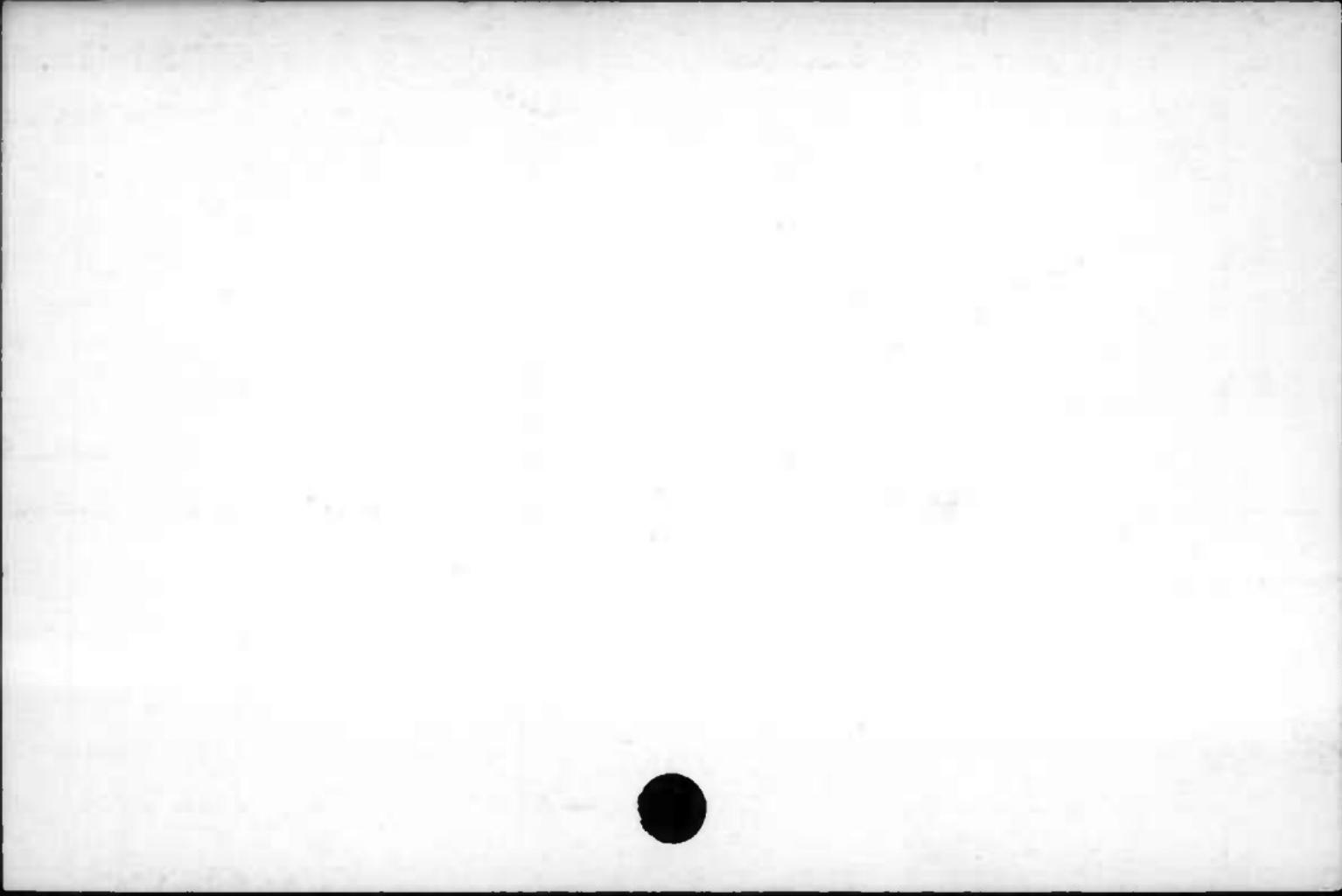
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Harford Co., Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel J Long			
Father's Name	Chas Hmos				
Mother's Maiden Name	Elizabeth Mallet				
Name of person giving information	Alice Grafton				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	(21)	How long	4 or 5 yrs
Immediate	Exhaustion	(21)	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Slade	
		Address	Resisterstown Md.	
Accident or Suicide?		<input checked="" type="checkbox"/>		



Name
in
Full

Sophia Lowe

Town

New Freedom

County

York

Died at

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date of death 1906	Month Jan.	Day 24	Years Age 78 21	Months 8	Days 24
Sex Male	Color or Race white	Birth- place Hoffmannville			
Married, Single or Widowed Widowed	Occupation				

Name of Wife or
Husband

Father's
Name Harry Hoffmann

Father's
Birthplace unknown

Mother's
Maiden Name Sophia Threy

Mother's
Birthplace unknown

Name of person giving
Information

Frances Royton

How related
to deceased daughter

CAUSES OF DEATH

Primary Mitral Insufficiency

How long 5 wks.

Immediate Dropped fr. heart failure

How long 3 wks.

Are the name, age, sex, color, race
and place correctly given above?

Signature of
Physician

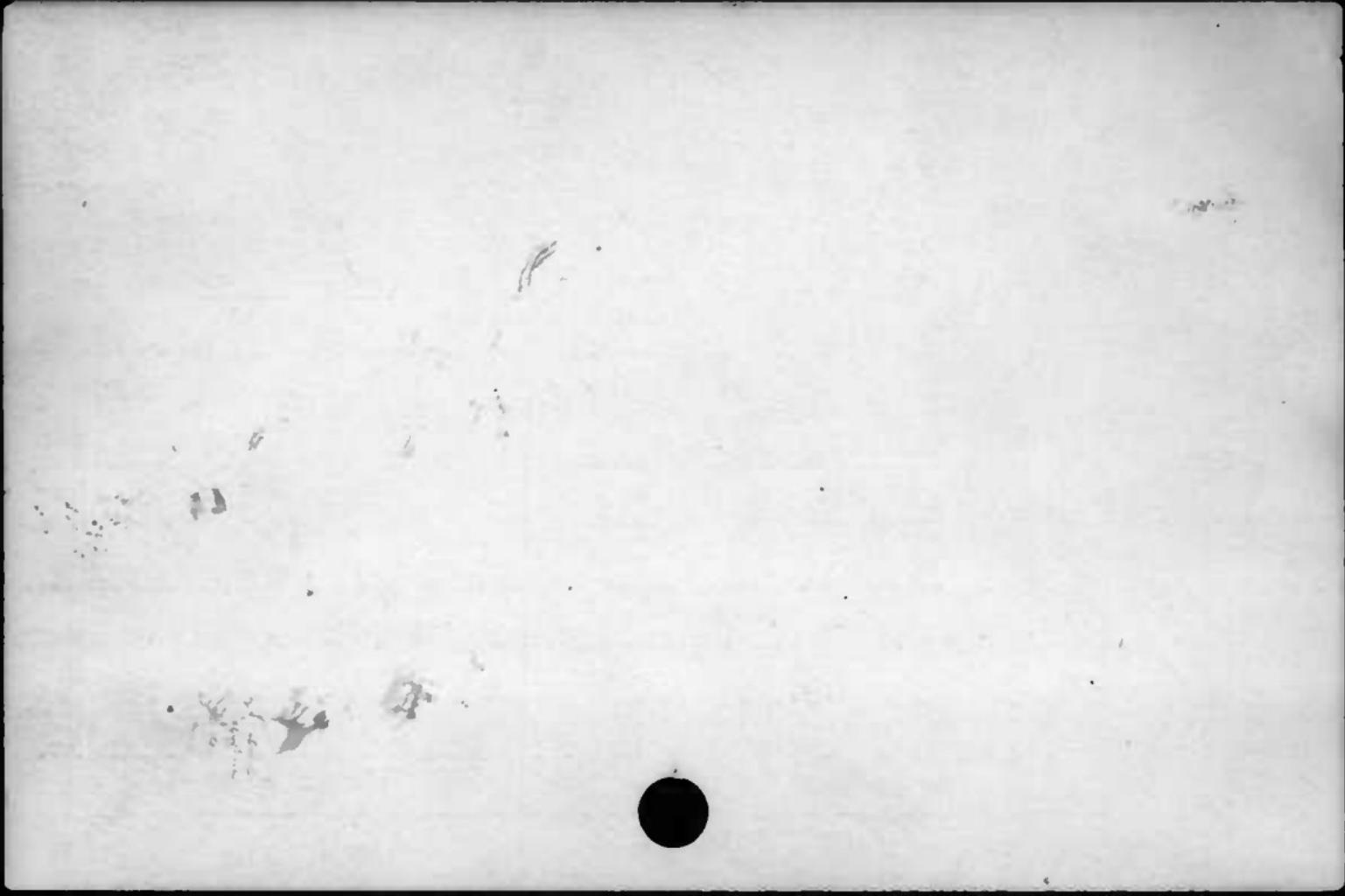
Address

W. L. Seitz

Glen Rock Pa.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Agnes Lynch

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month Jan	Day 24	Age	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Pa-
Occupation	Housewife		Where Residing if not at place of death			Irwin Pa-	
Married, Single or Widowed	Widow	Name of Wife or Husband		unknown -			
Father's Name	unknown					Father's Birthplace	unknown
Mother's Maiden Name	"					Mother's Birthplace	"
Name of person giving information	Reck, Mt. Hope		(68)			How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause	Cerebral Lesion - causing Delusional Mania		How long	7 or 8 yrs
Immediate Cause	Ex. Hemiplegia -		How long	abt one year -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J. Flannery	
Accident or Suicide?			Address	Jt. Hope Retreat Baltimore Md.



Michael H. Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baldwin	Baldo.				
Date of death	Month	Day	Years	Munths	Days
1906	Jan	26	Age 62.		
Sex	Color or Race	Where Residing if not at place of death			
Male	White	Baldo. Co. Md.			
Occupation	Farmer				
Married, Single or Widowed	Name of Wife or Husband	Fannie Ella Kelly (wid.)			
Father's Name	John Lynch				
Mother's Maiden Name	Margaret McMannis				
Name of person giving information	Ella Lynch				
	Father's Birthplace Ireland				
	Mother's Birthplace Ireland				
	How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(bb)

How long

about 3 yrs.

Immediate

Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

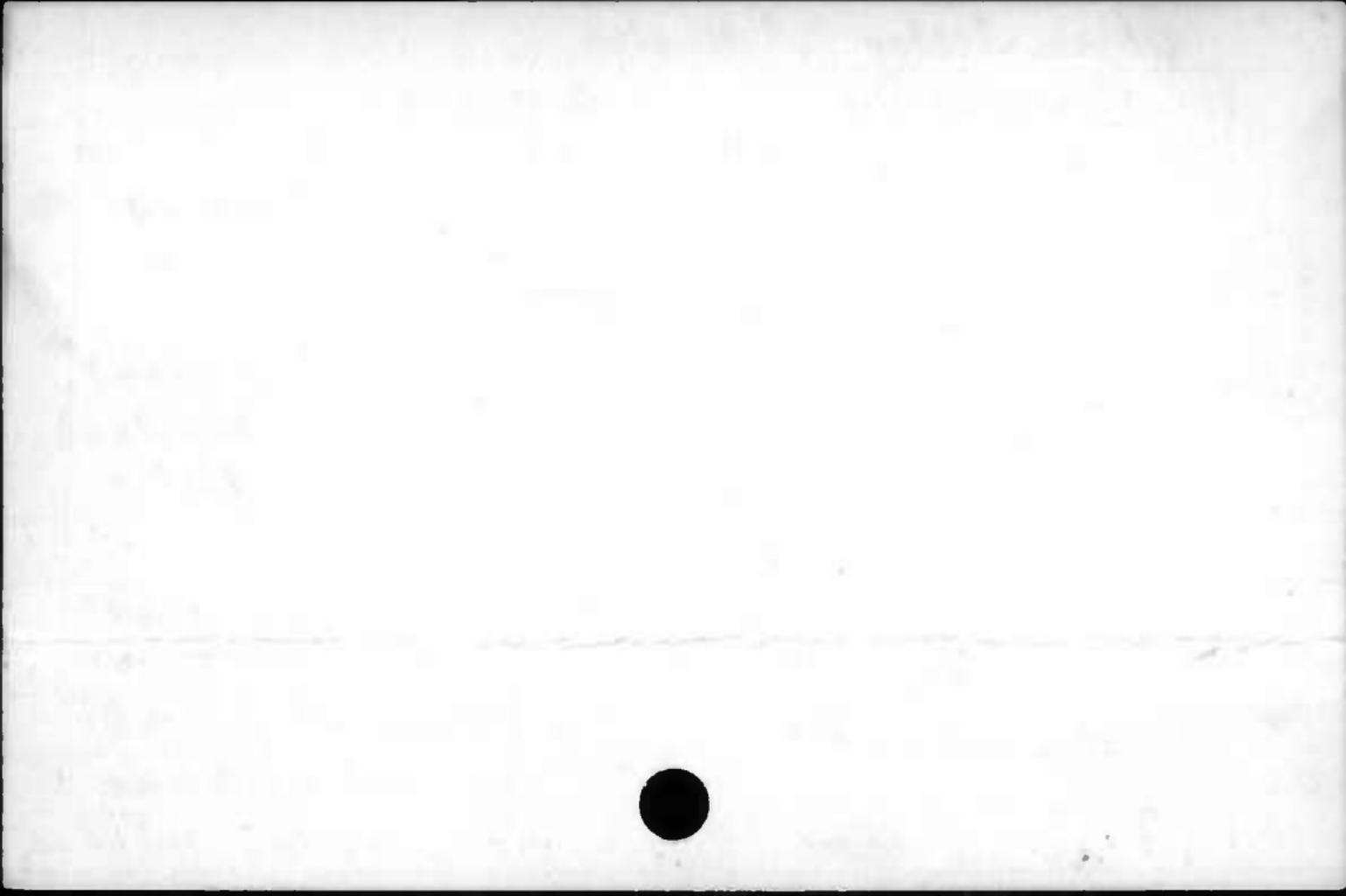
Signature of Physician

Address

H. G. Walker Undertaker
Pleasantville
Md.

Accident or Suicide?

✓



Name
in
Full

William Hector McAllister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1906	Month January	Day 30 th	Age 58	Years	Months 11	Days 14
Sex Male	Color or Race White		Birth-place Connecticut	West.		
Married, Single or Widowed Married	Occupation Clergyman. (retired)					
Name of Wife or Husband Charlotte Guard (McAllister)						
Father's Name W ^m McAllister				Father's Birthplace Ireland		
Mother's Maiden Name Esther Stalleis				Mother's Birthplace England		
Name of person giving information Mrs. G. L. Taueyhill	(93)			How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Acute Lobar Pneumonia	How long 7 days
	Immediate Cardiac failure	How long 8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. L. Taueyhill Jr. M.D.
		Address 1103 Madison Avenue
Accident or Suicide?		✓ Balto. Md.

Geo J Smith
1000 N. Fayette St

Brooklyn N.Y.

Name
in
Full

John R. McCoukey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	73		
Occupation	Where Residing if not at place of death		Ruxton Md.		
Married, Single or Widowed	Name of Wife or Husband	Ruxton Md.			
Father's Name	George W. McCoukey				
Mother's Maiden Name	Eliza Coale				
Name of person living in formation	Rebecca A. Rider				
CAUSES OF DEATH					
Primary	Constipation			(108)	How long Do not know
Immediate	Obstruction bowels			From days	How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician W. D. Deutch		
			Address Rider, Md.		
Accident or Suicide?			✓		

PHYSICIAN
OR CORONER

Louis F. Schaffer
316 N. Fremont Ave

Mt Olivet Cemetery

Name
In
Full

William S. MacDonald -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Baltimore		
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	Reed Mr. Hore	(68)	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mania Acute - Post Cerebral Lesion	How long	11 mos (?)
Immediate	Ex-Cereb - Convulsions	How long	24 hrs -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Flannery
		Address	McHose Retirement Baltimore Co Md.
Accident or Suicide?		LIBRARY BUREAU 483616	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Patrick McGlone Jr

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Baysideville	Baltimore				
Date of death 1906	Month Jan.	Day 23	Years 36	Months	Days 27
Sex Male	Color or Race White	Birth-place Ireland			
Married, Single or Widowed Single	Occupation Coachman				
Name of Wife or Husband					
Father's Name Patrick McGlone Jr	Father's Birthplace Ireland				
Mother's Maiden Name Mary Smith	Mother's Birthplace Ireland				
Name of person giving information George J. Murphy	How related to deceased Brother-in-law				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Pulmonary Phthisis	How long 5 or 6 mo.
	Immediate Adynamia	How long _____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. T. S. Whelton
		Address Parkville, Md.
Accident or Suicide? -		

Frederick Lassahn & sons
Fullerton and
Mt. Marin Town
Md

Name
in
Full

Lydia Marchall

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Pleasant Hill	Baltimore				
Date of death 1906	Month Jan	Day 25	Years Age 74	Months 2	Days 25
Sex Female	Color or Race White			Birth- place Baltimore	
Married, Single or Widowed Widowed	Occupation None				
Name of Wife or Husband					
Father's Name John Morrow			Father's Birthplace Maryland		
Mother's Maiden Name Keturah Bright			Mother's Birthplace Maryland		
Name of person giving Information Annie E. Morrow			How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	(bx)	How long about 4 years
Immediate Cerebral Hemorrhage		How long about one week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W H Campbell	
	Address Loyngs Hill, Md	
Accident or Suicide?	✓	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

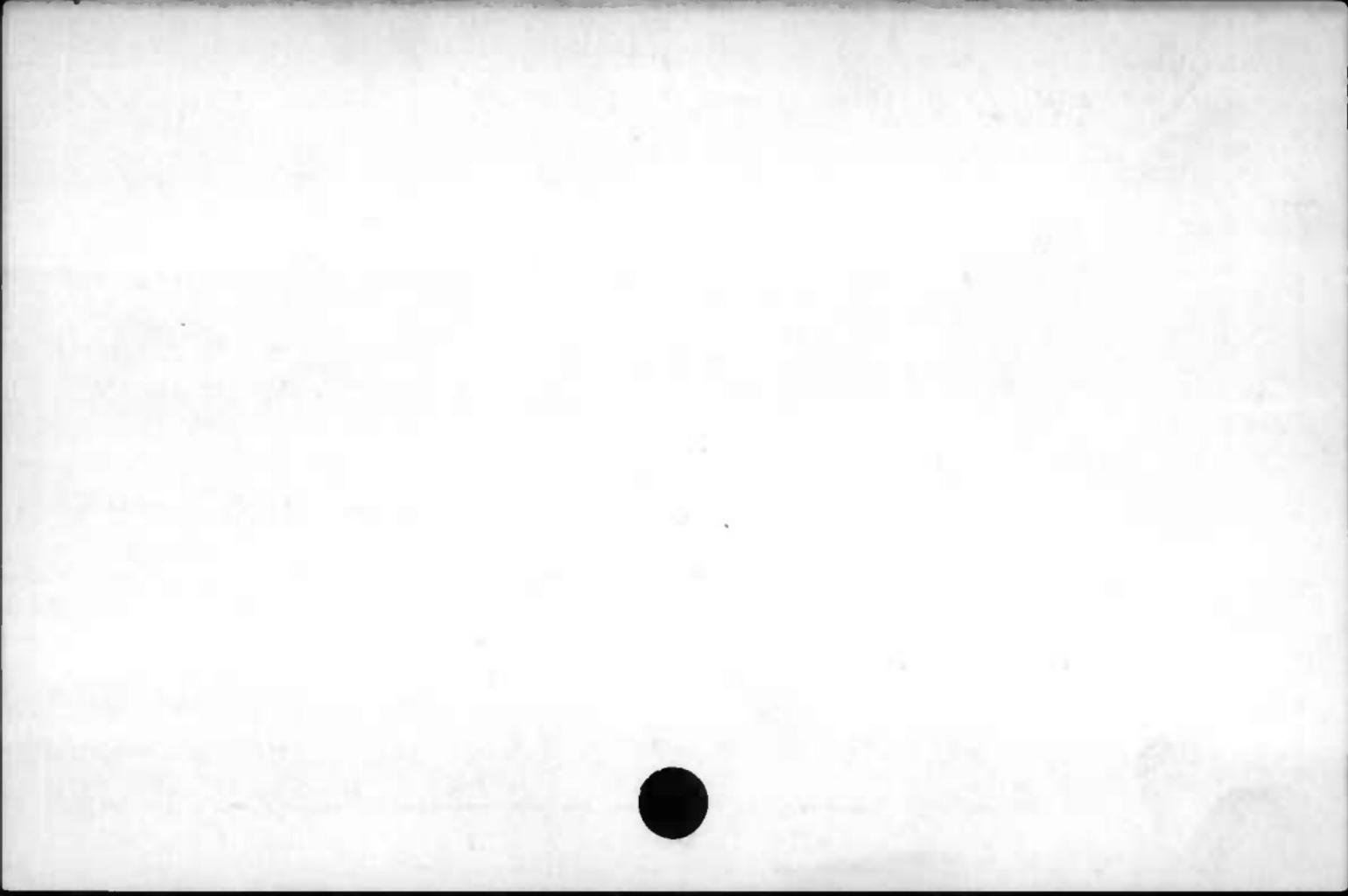
John Talbott Martin

CERTIFICATE OF DEATH

Died at <u>arcadia</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>10</u>	Years <u>1</u>	Age <u>1</u>	Months <u>1</u>	Days <u>27</u>	
Sex <u>Male</u>	Color or Race <u>white</u>			Birthplace <u>Ind</u>			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <u>J. Herbert Martin</u>			Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Lolla M Bell</u>			Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>Mother, Lolla Martin</u>			How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Congenital defect of Heart Ventricular septum</u>	How long <u>ever give born</u>
	Immediate <u>cold - cutaneous all. R of lungs</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>James H. Wilson</u>
		Address <u>Gowblesburg Ind</u>
Accident or Suicide? <u>✓</u>		



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Mattes

Died at Town
Elevator #3

CERTIFICATE OF DEATH

MARYLAND

Died at	Town Elevator #3	Baltt	
Date of death	Month Jan 23	Years 11	Months 9 Days 4
Sex M	Color or Race	Birth-place Germany	
Occupation Stradore	Where Residing if not at place of death Baltt City		
Married, Single or Widowed M	Name of Wife or Husband Eva	Eva	Germany
Father's Name George F Mattes			
Mother's Maiden Name Margaret Weiss			
Name of person giving information George F Mattes Jr			Brother

CAUSES OF DEATH

Primary

Accident

172

How long

Immediate

Drowning

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

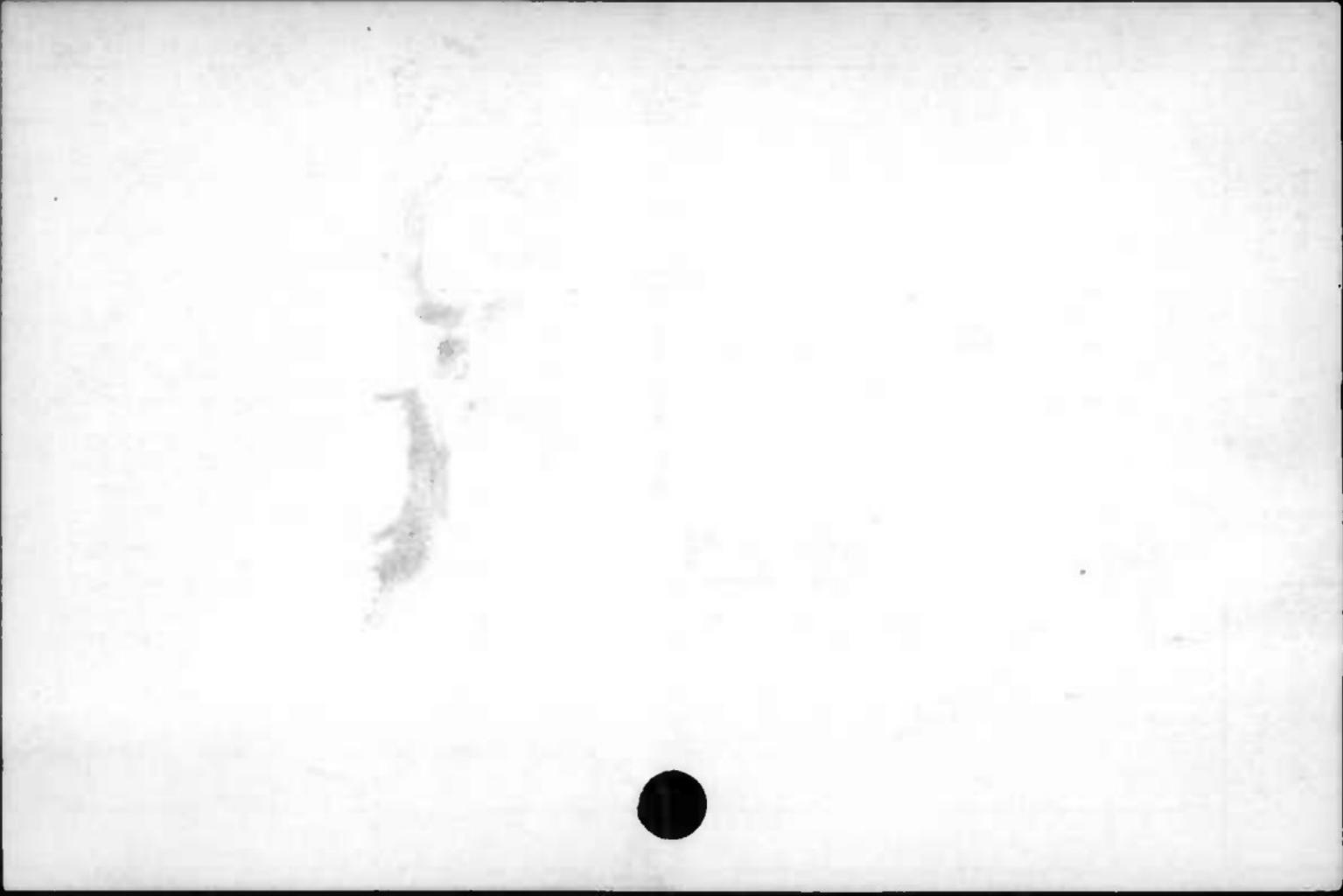
Address

Fred Y Pfeffer

1218 First St

Accident

Accident or Suicide?



Name
in
Full

Ada U. Matthews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
1906	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Baltimore		
Father's Name	Eli F. Matthews	Bal Co		
Mother's Maiden Name	Gowasser	Germany		
Name of person giving information	Eli F. Matthews	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Pneumonic Phthisis	How long	4 Weeks
Immediate	Septic Poisoning	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. A. Fair
		Address	12 East 25th St. Baltimore Md
Accident or Suicide?			

A S Mars Hall
3539 Falls Road
Jan 31 - 85
Druid Ridge

Name
in
Full

Joseph Henry Mattingly

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Ecorse	Balto.					
Date of death 1906	Month Jan.	Day 28	Age 52	Years	Months 7	Days 26
Sex male	Color or Race White	Birth-place Md.				
Occupation Merchant	Where Residing if not at place of death Ecorse					
Married, Single or Widowed	Name of Husband Husband					
Father's Name Joseph H. Mattingly	Father's Birthplace Md.					
Mother's Maiden Name Anna Maddox	Mother's Birthplace Va					
Name of person giving information Grace Mc Kee Mattingly	How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Atherosclerosis

64

How long

50 Min.

Immediate

Cardiac Arrest

How long

15 Min.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Gaynor Brew M.D.
Ecorse Md.

Accident or Suicide?

H. W. Jenkins Esq

Landon Park

Name
in
Full

David B. Muk

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Court		MARYLAND	
Died at	Orange	Beth	Months	Days
Date of death	1906	Month Jan.	Day 7	Years 85
Sex	Male	Color or Race	white	
Occupation	Farmer			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Not Known			Father's Birthplace
Mother's Maiden Name	"	"	Mother's Birthplace	
Name of person giving Information	Ida L. Harley			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brachial Artery
Bells C

How long

One month

Immediate

(125)

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. J. K. C. M. D.

Accident or Suicide?

No



R. Sander & Sons
Cedar Hill Cen.

Name
in
Full

Margaut B. Merritt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Big Flandow		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Jan	7	—	2	—
Sex	Female	Color or Race	White	Birth-place	Balto
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	John M Merritt				
Mother's Maiden Name	Florence A Reynolds				
Name of person giving information	John M. Merritt				
CAUSES OF DEATH					
Primary	Pneumoniae			How long	10 days
Immediate	Asphyxia			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Marguerite Merritt	
			Address	1130 Highland Av.	
Accident or Suicide?					

PHYSICIAN
OR CORONER

McCormel
H. Sanderson

Name
in
Full

Wilhelmina Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Parkville

Town

County

MARYLAND

Date
of death 1906

Month
Jan

Day
8

Years
64

Months
10

Days
26

Sex
Female

Color or
Race

White

Birth-
place

Hanover, Germany

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Father's
Name

Henry Miller

Father's
Birthplace

Germany

Mother's
Maiden Name

Elisabeth Landbauch

Mother's
Birthplace

Name of person giving
Information

E. E. Ziegeneckin

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pleuror Pneumonia

How long

2 weeks

Immediate

Heart Failure

How long

—

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. B. Whiteford

Address

Parkville, Md.

Accident or Suicide?

Fredrik Lassahn & Son

Honie Crueley

Name
in
Full

Anna Johnson Minor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Unknown.			Father's Birthplace
Mother's Maiden Name	Unknown			Mother's Birthplace
Name of person giving information	Mr. E. Clark	(20)	How related to deceased	not related

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions followed by coma How long

Immediate Sudden death, probably Bright's Kidney How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Rev. J. W. Lovelace, Jr.
State city

Accident or Suicide?

✓

James H Dennis
1333 Prestonian St.

place of burial not
selected.

Body moved to above
address.

Name
in
Full

Female Infant of Frank & Lilly Mohler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank L Mohler S.			Father's Birthplace	Baltimore
Mother's Maiden Name	Lilly A Brown			Mother's Birthplace	MD
Name of person giving information	F L Mohler			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born S.	How long
Immediate		How long

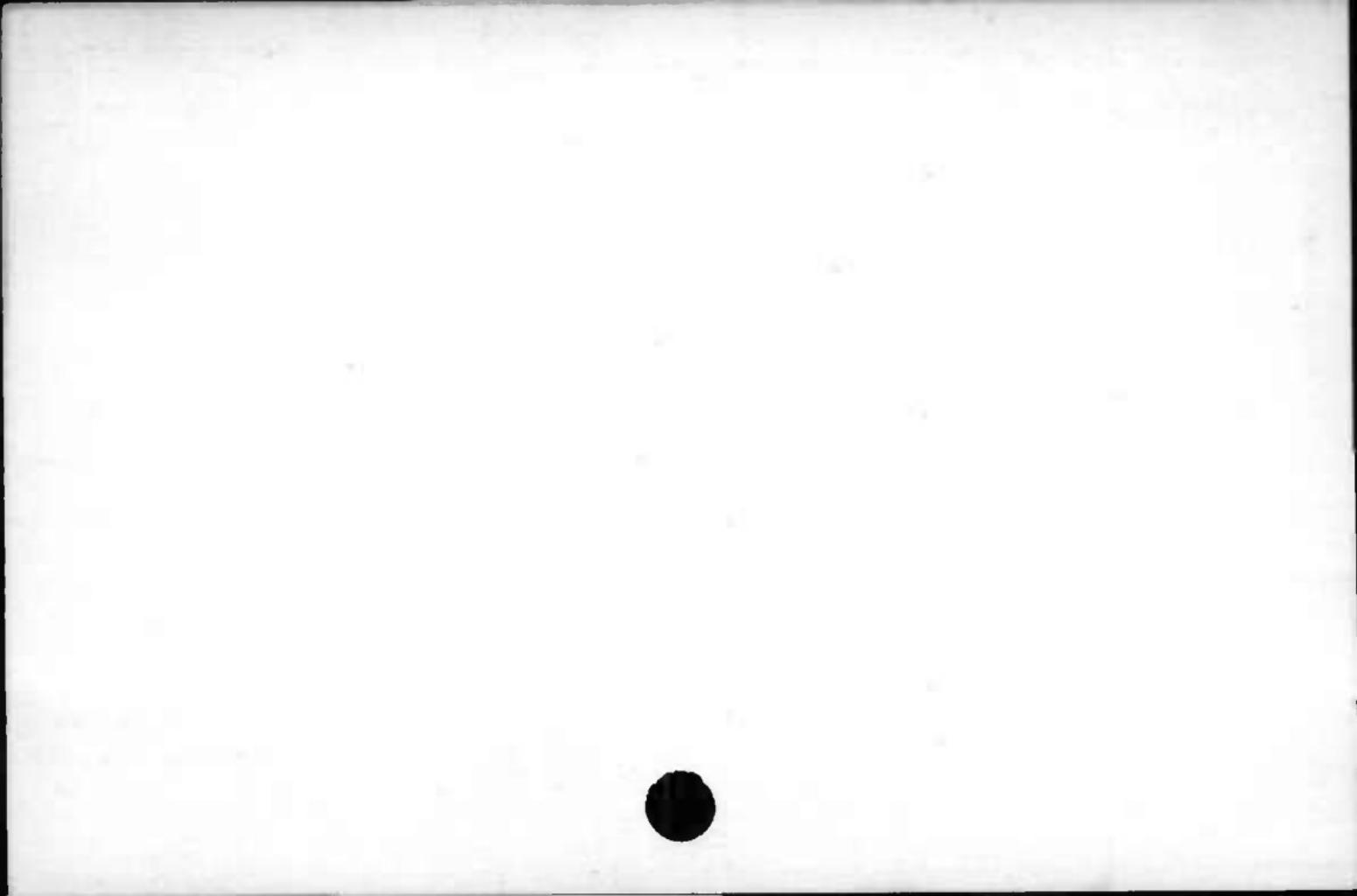
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. M. M. Aufderheide
Calumet
Md

Accident or Suicide?



Name
in
Full

Theodore Moon

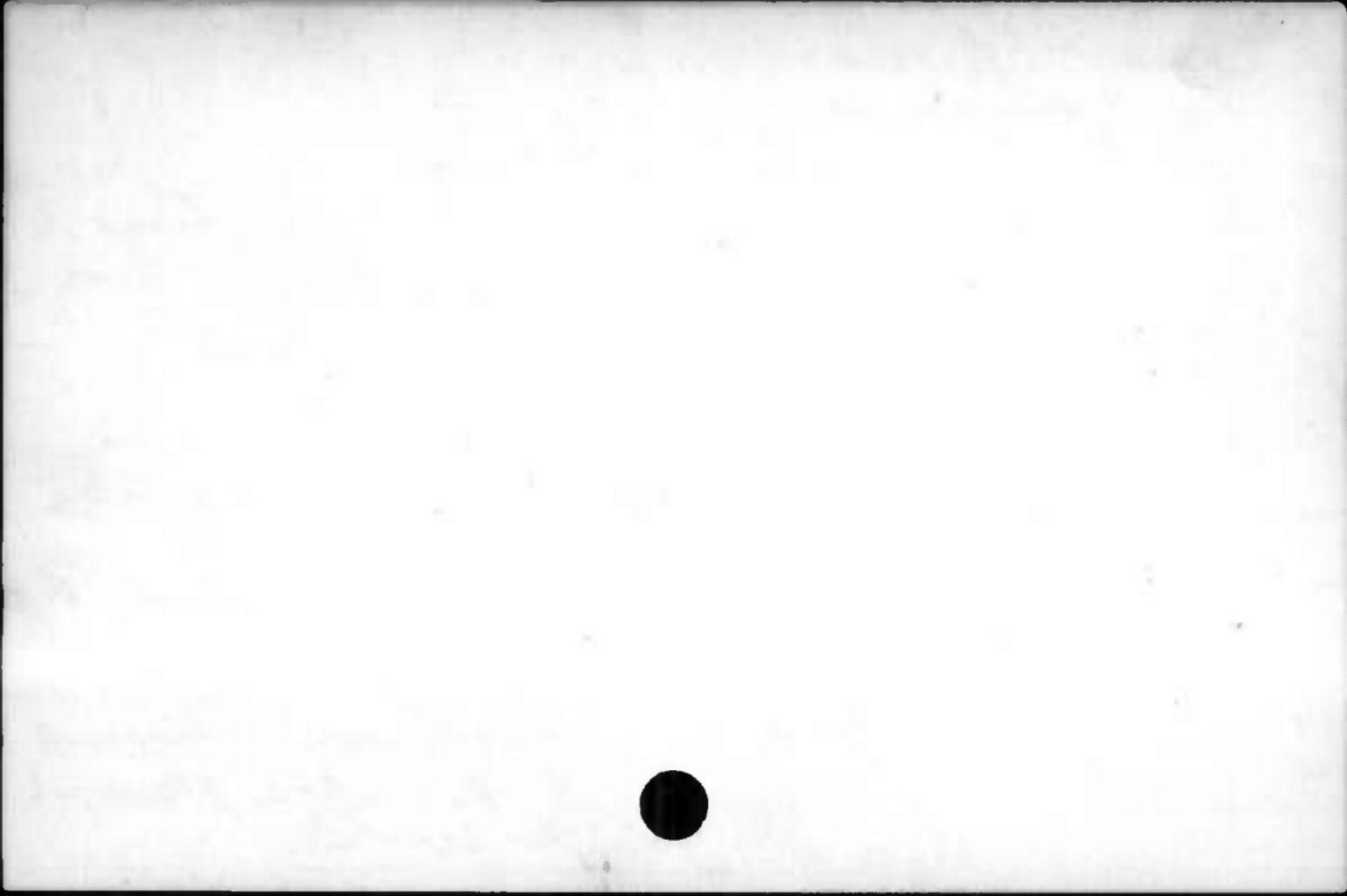
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Colored	Birth-place	Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Sp. Pt.					
Father's Name	James Moon					
Mother's Maiden Name	Queen Victoria Edmonds					
Name of person giving information	James Moon					
Father's Birthplace Va						
Mother's Birthplace Va						
How related to deceased Father						

PHYSICIAN
OR CORONER

CAUSES OF DEATH						
Primary	Bronch-Pneumonia	92	How long	5 days		
Immediate	Exhaustion		How long	a few hours		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	G. C. McCormick MD		
			Address	Spann's Point Md.		
Accident or Suicide?						



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary A. Moore

Town

Died at St Dennis

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1906 Month June Day 18 Age 62 Years Months Days

Sex female

Color or Race

white

Birth-place

Baltimore

Occupation

housewife

Where Residing if not
at place of death

St Dennis Rd

Married, Single
or Widowed

widow

Name of Wife or
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

Mary Moore

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Appendicitis

(118)

How long

3 days

Immediate

Peritonitis

How long

some

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Arthur Williams

Address

ELK Ridge Howard
County

Accident or Suicide?

No

John W. Bell
Mr. Oliver.

Name
in
Full

Anna M. Murray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Avalon	Town	County	MARYLAND	
Date of death	1906	Month Jan	Day 9	Years 81	Months Days
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Philanthropy	Where Residing if not at place of death Avalon, Md.			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Daniel Murray	Father's Birthplace Maryland			
Mother's Maiden Name	Borsey	Mother's Birthplace Maryland			
Name of person giving information	Genl. Robert Murray	How related to deceased Brother			

CAUSES OF DEATH

Primary

Age

154

How long

Immediate

General debility

How long

In bed 5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

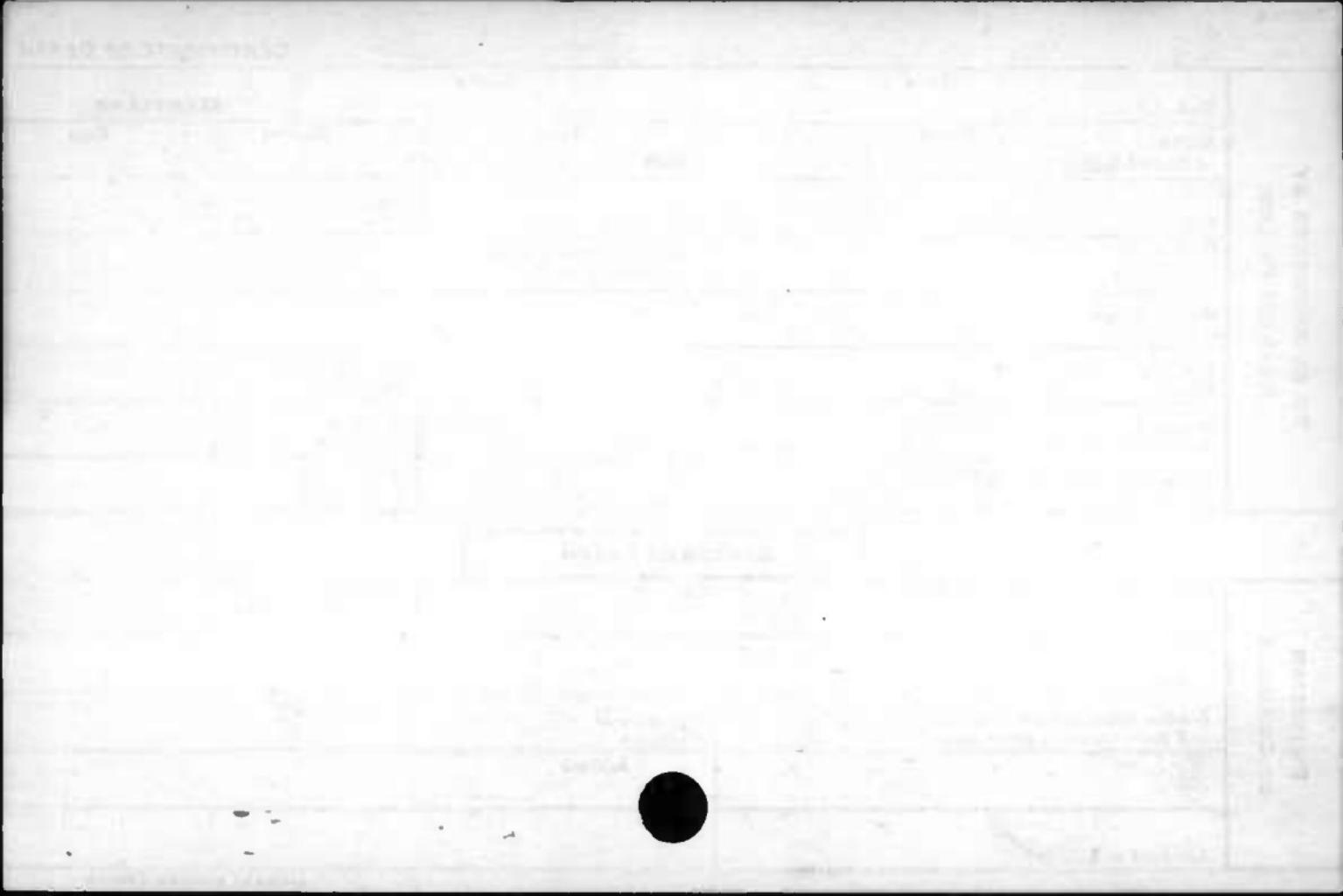
W.M.R. Eareckson

Address

Elk Ridge, Md.

Accident or Suicide?

"



Name
in
Full

Mrs Henrietta Norwood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Rasburg, Jacob a Norwood		
Father's Name	Isaac Sedley	Father's Birthplace	Baltimore Co	
Mother's Maiden Name	Henrietta Ridgely	Mother's Birthplace	-	
Name of person giving information	Mrs Ray Parsons	How related to deceased	Grand daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	154	How long
immediate	Natural Causes		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph B Webster
Rasburg Md

Accident or Suicide?



Rev Matthew O'Keefe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race			Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Priest			Father's Birthplace	Hartford	
Mother's Maiden Name	Mary			Mother's Birthplace	Ireland	
Name of person giving information	A. Sister			How related to deceased	None	

CAUSES OF DEATH

Primary	Asthma, Heart disease	(79)	How long
Immediate	Pulmonary. Cedema.		Several years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. L. Massenburg M.D.

Yes

Address

Gawson
Md

Accident or Suicide?

Frastin Fahey Son

May 11

Burial in the church of the
Immaculate - Pawm

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Thomas O'Keefe				CERTIFICATE OF DEATH		
Died at Cockeysville		Town	Baltimore	County	MARYLAND	
Date of death	1906	Month Jan	Day 7th	Years 56	Months 9-	Days 10
Sex	Male	Color or Race	white	Birth-place	Cavan Co Ireland	
Occupation	Farmer		Where Residing if not at place of death	Cockeysville MD		
Married, Single or Widowed	Single		Name of wife or Husband wife	Catherine Ward		
Father's Name	David O'Keefe		Father's Birthplace	Ireland		
Mother's Maiden Name	Catherine Riley		Mother's Birthplace	Ireland		
Name of person giving Information	Mrs Mary Fagan (9)		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cardiac - valvular degeneration		How long	2 months
	Immediate	Gastric Colonic intussusception		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr J. B. Dawson	
			Address	Cockeysville MD	
Accident or Suicide?					

Funeral Jun 9 at
Towson Cemetery

M. C. Brooks

Name
in
Full

Peter Paul

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	403 Orleans St. Ext.		County	Baltimore	
Date of death	Month	Day	Years	MARYLAND	
1906	January	10	63	Months	Days
Sex	Male	Color or Race	White	Birth- place	Germany
Occupation	Butter Dealer		Where Residing if not at place of death	403 Orleans St. Ext.	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Paul	Germany	
Father's Name	Adam Paul		Father's Birthplace	Germany	
Mother's Maiden Name	Mary Leick		Mother's Birthplace	Germany	
Name of person giving Information	W. F. Shaffer		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Val. disease of heart- asthma		How long	Suicid at 1905
Immediate	Heart failure		How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Louis Morris MD 6 N. Broadway Baltimore, Md
Accident or Suicide?	Neither			

W. J. Schaffer ^{Aug 8th}
Balt. Com -

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jackson Pierce						CERTIFICATE OF DEATH	
Died at <u>Baltimore</u> Town			County <u>Baltimore</u>			MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>1st</u>	Years <u>50</u>	Age <u>50</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>3rd</u>					
Occupation <u>Fisherman</u>	Where Residing if not at place of death <u>North East. Md</u>						
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u> </u>						
Father's Name <u>don't know</u>	Father's Birthplace <u> </u>						
Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u> </u>						
Name of person giving information <u>Off. Postman</u>	How related to deceased <u>none</u>						

CAUSES OF DEATH

Primary

Natural Causes

How long

—

(19)

Immediate

"

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

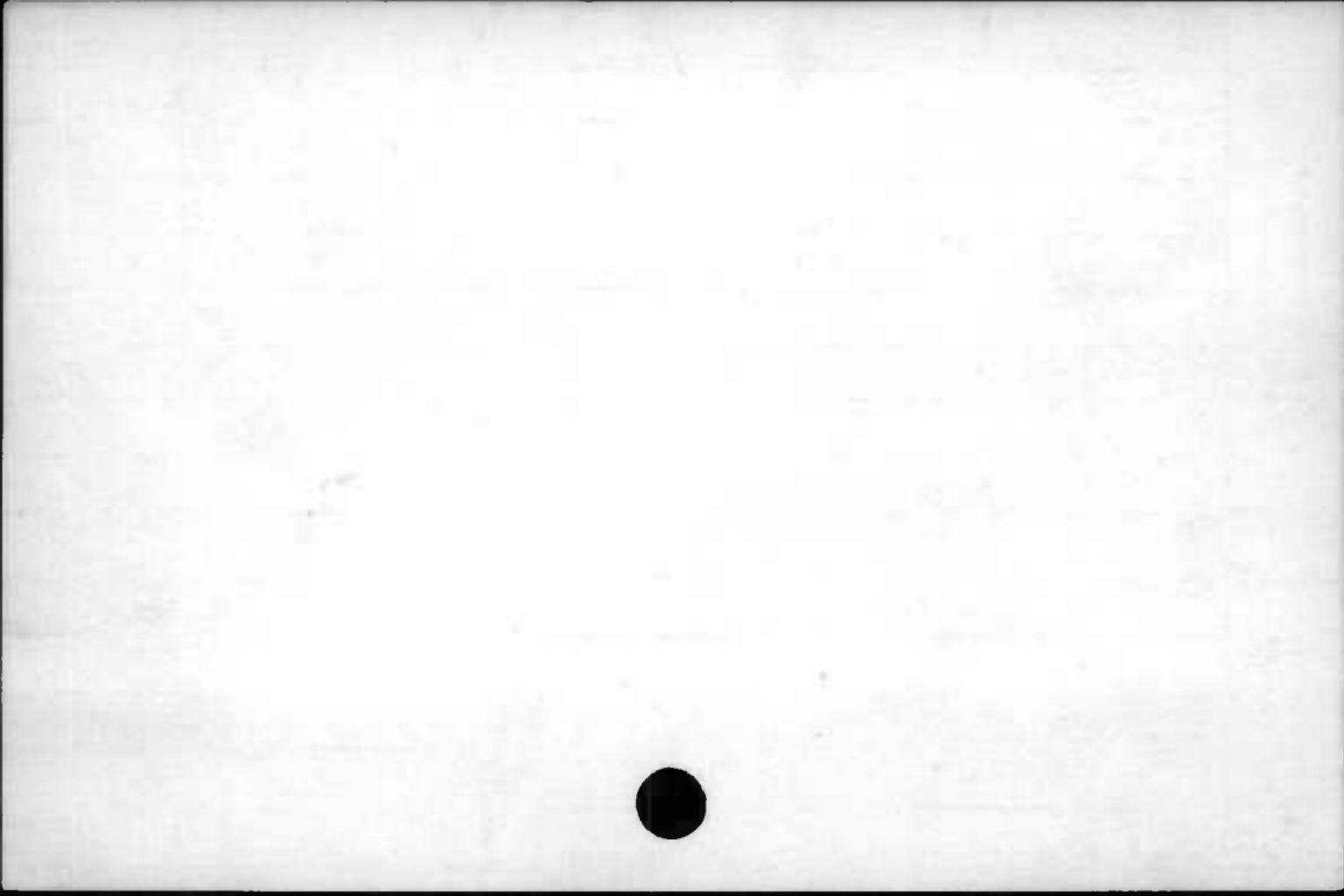
Signature of Physician

Address

Coroner John O'Malley
501 N. Clinton St

Accident or Suicide?

✓



Name
in
Full

(Porter) Lillian

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND	
Date of death	Month	Day	Age	3 Years	Months	Days
Sex	Female		Color or Race	White	Birth-place	Maryland
Occupation	Never			Where Residing if not at place of death	X	
Married, Single or Widowed	Single	Name of Wife or Husband	X			
Father's Name	John J. Porter			Father's Birthplace	Md	
Mother's Maiden Name	X				Mother's Birthplace	
Name of person giving Information	Andrew J. Patten			How related to deceased	Brother.	

CAUSES OF DEATH

Primary

Epileptic Insanity

How long

10 yrs.

Immediate

status Epileptics

How long

few hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

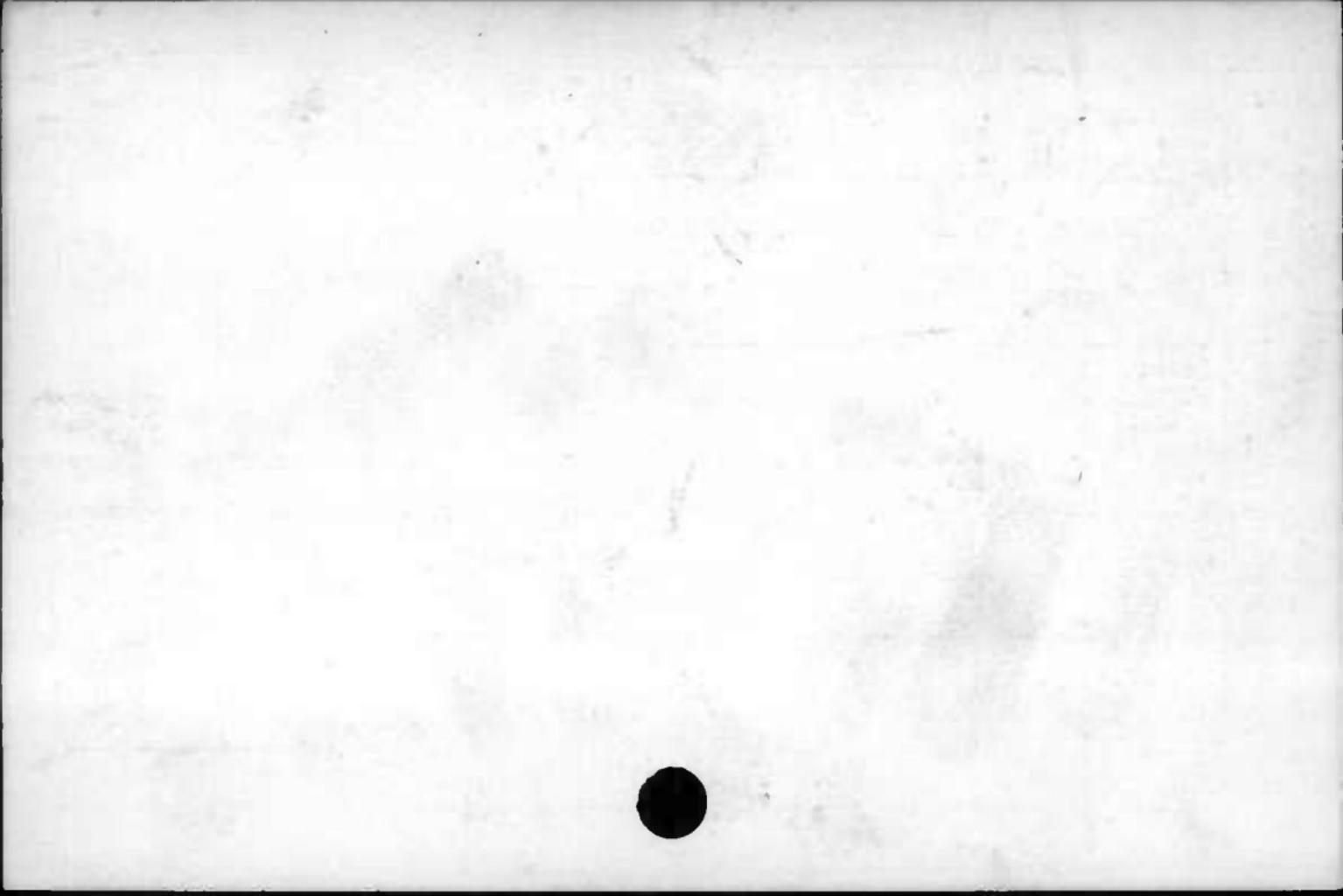
Signature of Physician

Address

Dr. Wade
Leopansville

Accident or Suicide?

No



Name
in
Full

Daniel Price

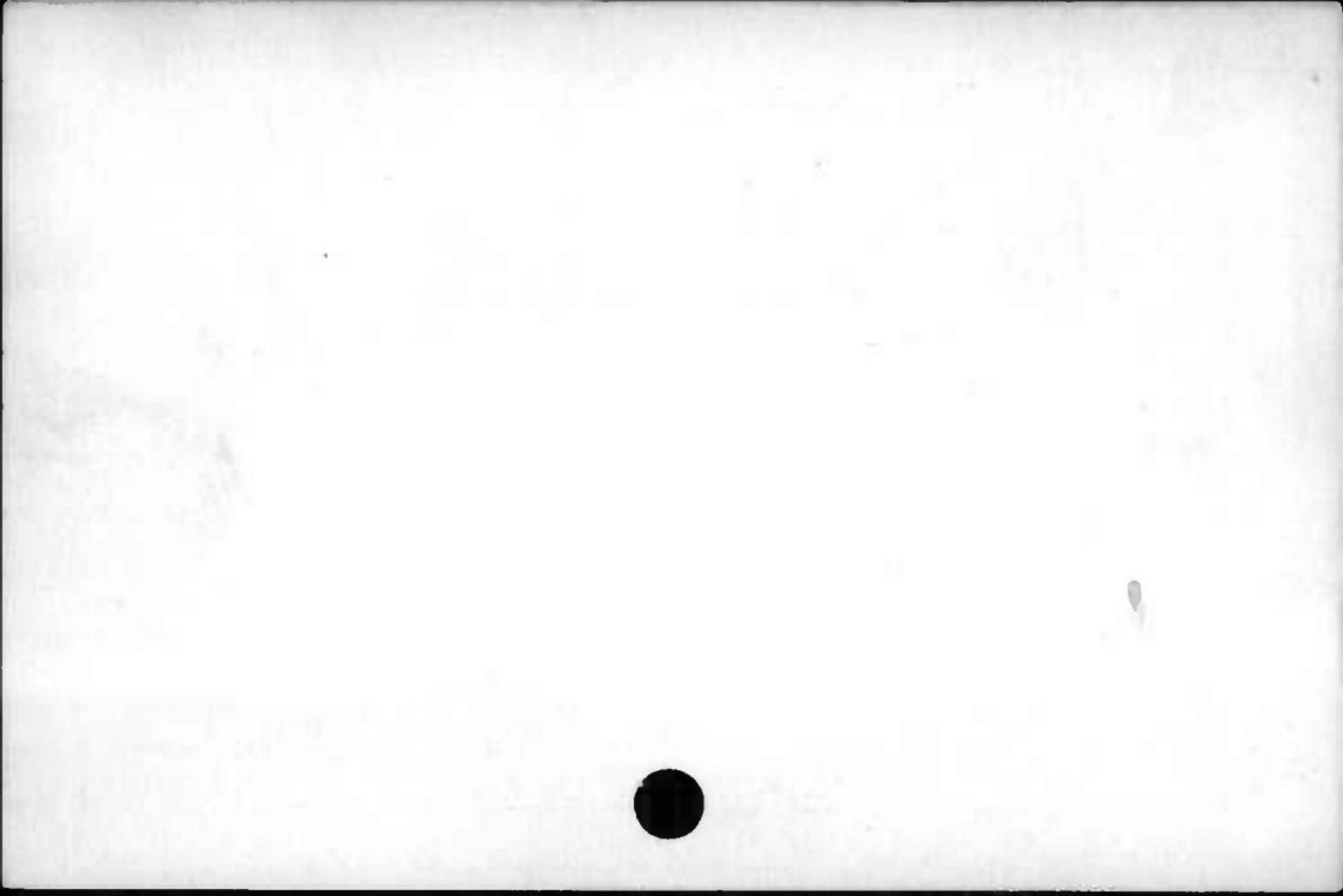
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month 1	Day 16	Years 80
Sex Male	Color or Race white	Age 80	Months 1
Married, Single or Widowed	Occupation	Birthplace	Days 30
Name of Wife or Husband	Married Retired Farmer		
Father's Name	Sarah Jane Crowther		
Mother's Maiden Name	Caleb Price		
Name of person giving information	Keziah Wheeler		
	George Price		
CAUSES OF DEATH			
Primary	died suddenly	(18)	How long —
Immediate	Suppose Heart disease		How long —

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jas. H. Wilson
		Address	Fowlesburg
Accident or Suicide?			md



Name
in
Full

John A. Reiman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>1905</u>	Day <u>30th</u>	Years <u>1</u>	Months <u>1</u>	Days <u>18</u>
Sex	Male	Color or Race	white	Birth- place	<u>Baltimore Co</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>divorced</u>				
Father's Name	<u>Rudolph Reiman</u>				
Mother's Maiden Name	<u>Minnie Neil</u> (1)				
Name of person giving Information	<u>Rudolph Reiman</u>				
Father's Birthplace <u>Baltimore City</u>					
Mother's Birthplace <u>" "</u>					
How related to deceased <u>Father</u>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<u>Scarlet Fever</u> (1)	How long <u>7 days</u>
Immediate	<u>Septicemia</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician Address
Accident or Suicide?	<u>No</u>	<u>L.S. Sherry</u> <u>2 Hanover St.</u>



Name
in
Full

Lewis Rosier

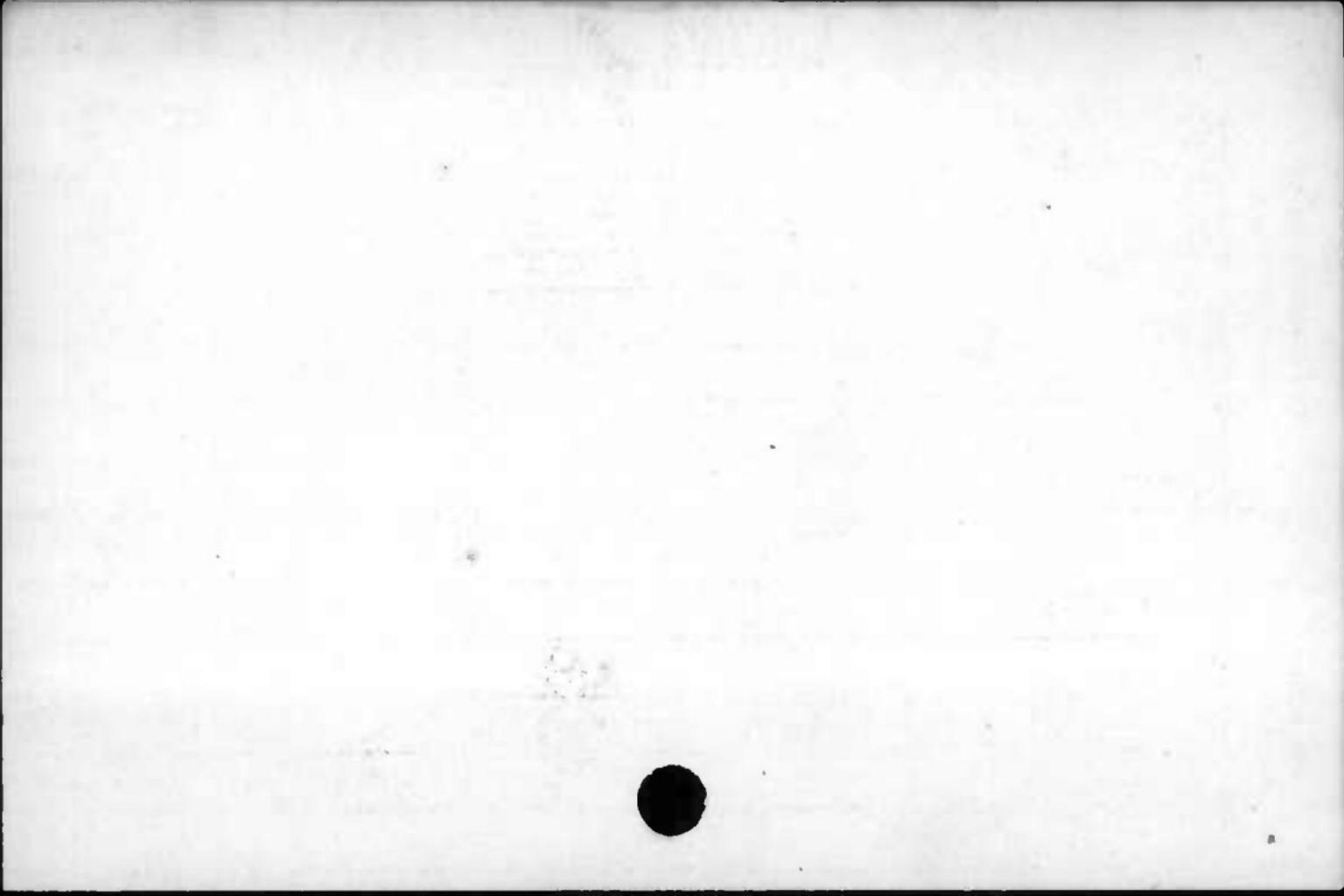
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Parkton		County		Baltimore						
Date of death	1906	Month	1	Day	27	Years	65	Months	3	Days	24
Sex	Male	Color or Race	white		Birth-place	Md					
Occupation	Farmer		Where Residing if not at place of death		at Parkton						
Married, Single or Widowed	Married	Name of Wife or Husband	Eliza. Rosier		Father's Birthplace	Md					
Father's Name	Bitah Rosier		Darky Williams		Mother's Birthplace	Md					
Mother's Maiden Name	Darky Williams		Elmer Rosier		How related to deceased	Step Son in Law					
Name of person giving Information											

CAUSES OF DEATH

Primary	Paralysis	(64)	How long	5 yrs
Immediate	"	n ^o attack	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R.R. Morris	
		Address	Parkton Md	
Accident or Suicide?	no			



Name
in
Full

Elizabeth Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Raspeburg		County Baltimore	MARYLAND	
Date of death 1906	Month Jan	Day 14 th	Age 69 Years	Months	Days
Sex Female	Color or Race White	Birth-place Baltimore Co			
Married, Single or Widowed	Single	Occupation	None		
Name of Wife or Husband					
Father's Name	Obadiah Sanders			Father's Birthplace	Baltimore Co
Mother's Maiden Name	Anne Richards	Mother's Birthplace			-
Name of person giving Information	Mrs E Carter	How related to deceased			Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paralysis

How long

2 Years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J.B. Webster M.D.

Raspeburg Md

Accident or Suicide?



Name
in
Full

Herman Scherbert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Anchia Scherbert		
Father's Name	John Scherbert			Father's Birthplace Germany
Mother's Maiden Name	Not Known			Mother's Birthplace "
Name of person giving information	Anchia Scherbert			How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes



How long

about 2 years

Immediate

Pulmonary Tuberculosis

How long

about 3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. F. Sherman, M.D.

2226 Madison Ave.

Baltimore, Md.

Accident or Suicide?

No

523 Mr. Alexander

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Wash. Rd.		Town	County Balt Co.		MARYLAND	
Date of death	1906	Month Jan	Day 31	Years —	Months —	Days —
Sex	Male	Color or Race	white		Birth-place	Wash Rd. Md.
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Frank Schultze		S		Father's Birthplace	Md
Mother's Maiden Name	Kate Hecker		S		Mother's Birthplace	Md
Name of person giving information	Frank Schultze		S		How related to deceased	Father
CAUSES OF DEATH						
Primary	Still Birth		S		How long	—
Immediate	—		S		How long	—
Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician	Geo. S. M. Keefer
					Address	Mimell Pk. Baltimore Co. Md.
Accident or Suicide?						

John Tenfel
London Park

Name
in
Full

Sophronia O. Swartz Schwartz *over* CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years Age 59 abt	Months	Days
Sex Female	Color or Race	White	Birth- place	Mass -	
Occupation None	Where Residing if not at place of death 1308 W. Lawrence St.				
Married, Single or Widowed	Name of Wife or Husband		Unknown		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	"		Mother's Birthplace	"	
Name of person giving Information	How related to deceased not at all -				
68					
Reed, Mt Hope Retreat					

CAUSES OF DEATH

Primary	mania Chronic - Post ^{chronic} nephritis	How long 14 yrs -
Immediate	Ex. Nraemia	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Frank J. Flanerry
Mt Hope Retreat

Accident or Suicide?

Baltimore Md.

For authorization of change of name see
letter filed under "Flannery" - 6/8/23

Name
in
Full

Anna B. Seipp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Conrad Seipp		Father's Birthplace	Pennsylvania	
Mother's Maiden Name	Elizabeth Stark		Mother's Birthplace	Pennsylvania	
Name of person giving information	Mrs. Burns		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 years
Immediate	Ex haemoptysis		How long	2 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. S. Garrison	
		Address	Towson, Md.	
Accident or Suicide?	no		✓	

John Burns Son
Towson
Govans. Presb. Chur

Name
in
Full

William Shottorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
1906	Jan	30	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	England
Occupation	Fireman		Where Residing if not at place of death	England	
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	don't know		Father's Birthplace	—	
Mother's Maiden Name	don't know		Mother's Birthplace	—	
Name of person giving Information	Olef Helleksen		How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accidental drowning

(172)

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

Coroner John G Muller
501 N. Clinton st

Address

Accident or Suicide

✓

Burial at
Baltimore Cem
Jan 31/906.
Wm Cook
505 E. North Ave

Dr Athey
2 Hudson St
Ext

Name
in
Full

Mrs Goulie Sipes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Rockdale
Occupation	House-wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mongelle Sipes		
Father's Name	John George		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	G. P. Starfield		How related to deceased	none	

CAUSES OF DEATH

Primary	Carcinoma of Uterus		How long	3 years
Immediate	Carcinoma of Ovary		How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. C. Smale M.D.	
Yes		Address	Goodison Sta. Md.	
Accident or Suicide?				



Name
in
Full

Rosa Slambaker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	22 1 3
Occupation	Where Residing if not at place of death	Warren	
Married, Single or Widowed	Name of Wife or Husband	Single	
Father's Name	Father's Birthplace	West Slambaker Md.	
Mother's Maiden Name	Mother's Birthplace	Matilda Tracey Md.	
Name of person giving information	How related to deceased	Rosa Slambaker father.	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Syphilis

How long

4 days -

Immediate

Paralysis of Heart

(9)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

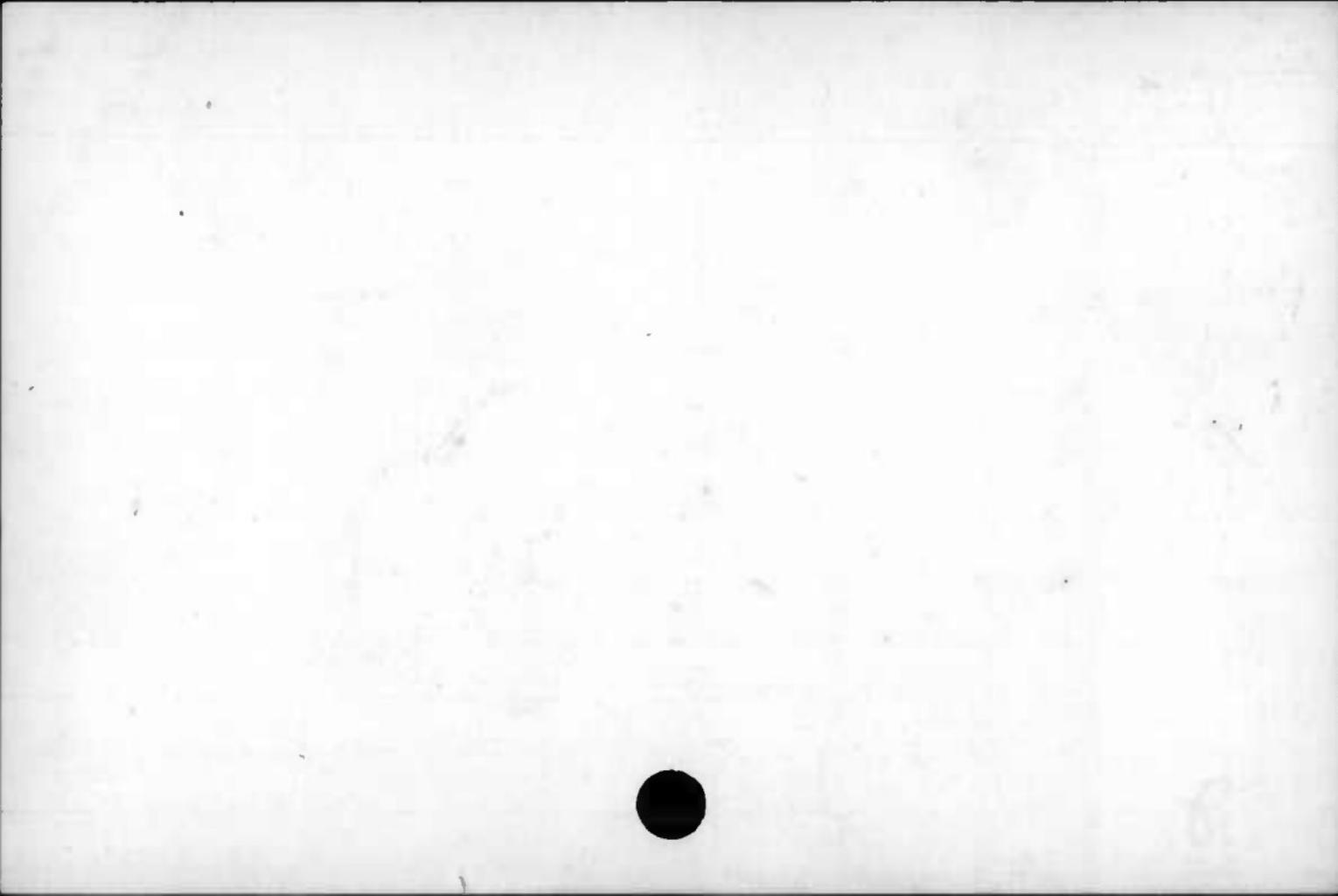
Almer C. Eason M.D.

Cockeysville

Md.

8

Accident or Suicide?



Louisa A. Soth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name	Philip Weisner		Father's Birthplace	Germany	
Mother's Maiden Name	Catharina Weisner		Mother's Birthplace	Germany	
Name of person giving information	Christian Soth.		How related to deceased	Son.	

CAUSES OF DEATH

Primary

Grip.

(92)

How long

About a month.

Immediate

Pneumonia.

How long

Six days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

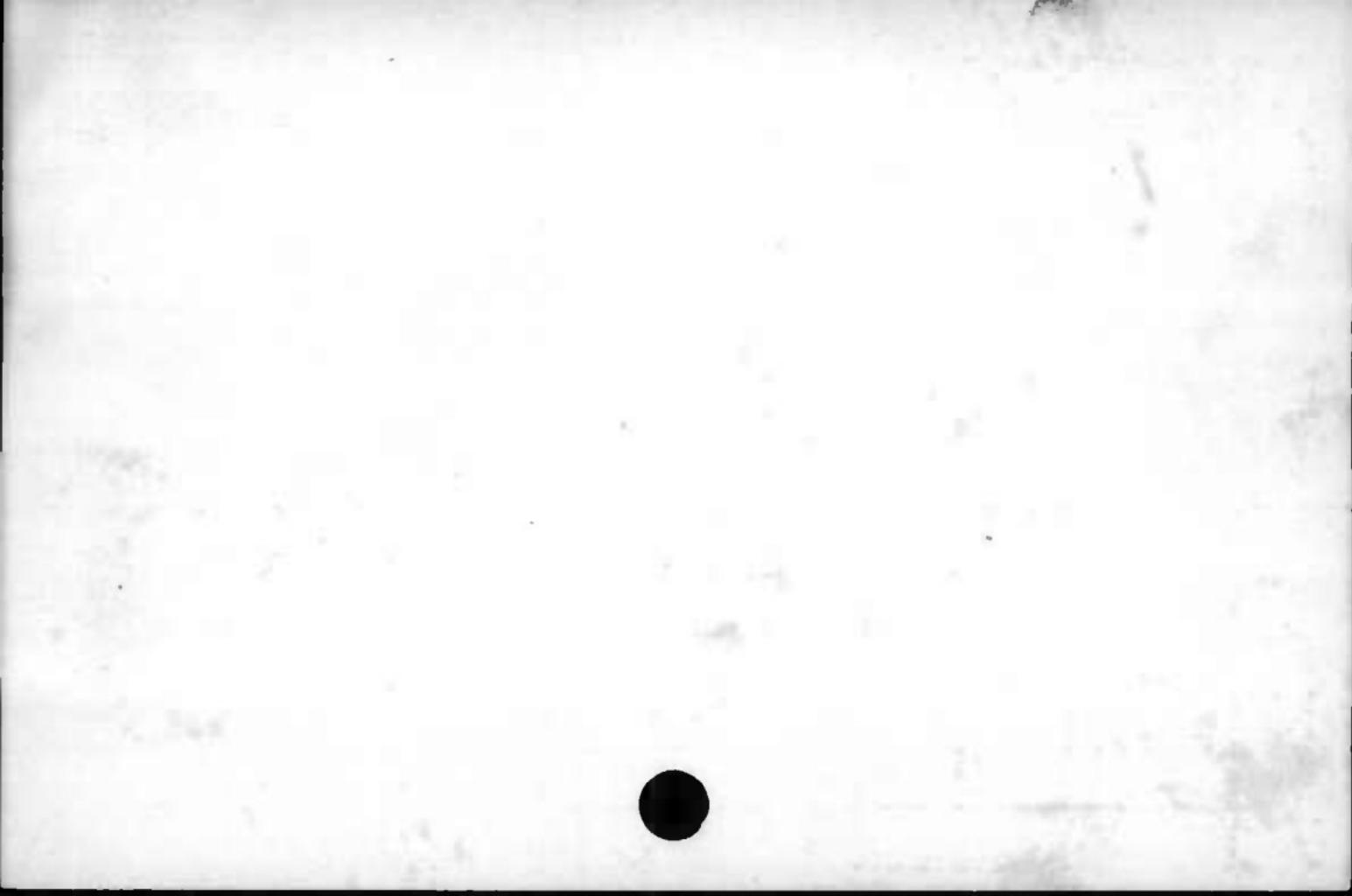
Signature of Physician

H. J. Harrison.

Address

Goch Raven.

Accident or Suicide?



Name
in
Full

Peter Staik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>Jan</u>	Day <u>8</u>	Years <u>43</u>	Months <u>6</u>	Days <u>1</u>
Sex	Male	Color or Race <u>White</u>	Birth-place <u>Russia</u>		
Occupation	<u>Sailor</u>	Where Residing if not at place of death <u>Baltimore</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband			
Father's Name	<u>Dant Reed</u>	Father's Birthplace <u>Russia</u>			
Mother's Maiden Name	<u>Dant Know</u>	Mother's Birthplace <u>Russia</u>			
Name of person giving information	<u>Rosie Staik</u>	How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>Four Months</u>
Immediate	<u>Asthma</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Albert L Chamberlain</u>
		Address <u>614 S. Paadst.</u>
Accident or Suicide?	✓	

Holy Crossway

East
Falkowaski
~~Laurelton~~
Holy Crossway

Name
In
Full

Orene Gertrude Stallings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Baltimore C. & O.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Robert Stallings			Father's Birthplace	Maryland
Mother's Maiden Name	Annie Boyer			Mother's Birthplace	Maryland
Name of person giving information	Annie Stallings			How related to deceased	Mother

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Whooping Cough. (8) How long 2 weeks.
Immediate Cardiac Paroxysm How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Hastings/Magnusson M.D.
Canton Respiratory
Hudson & Culley Sts

Accident or Suicide?

H. Stander & Sons
M. Carmel Cal.

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Raymond W. Sweet

CERTIFICATE OF DEATH

Died at Della

County

Baltimore

MARYLAND

Date

of death

Month

Jan

Day

29

Years

—

Months

13

Days

—

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Della

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel Sweet

Father's
Birthplace

Maryland

Mother's
Maiden Name

Hanna G Gaugh

Mother's
Birthplace

Maryland

Name of person giving
Information

Samuel Sweet

90

How related
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

3 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

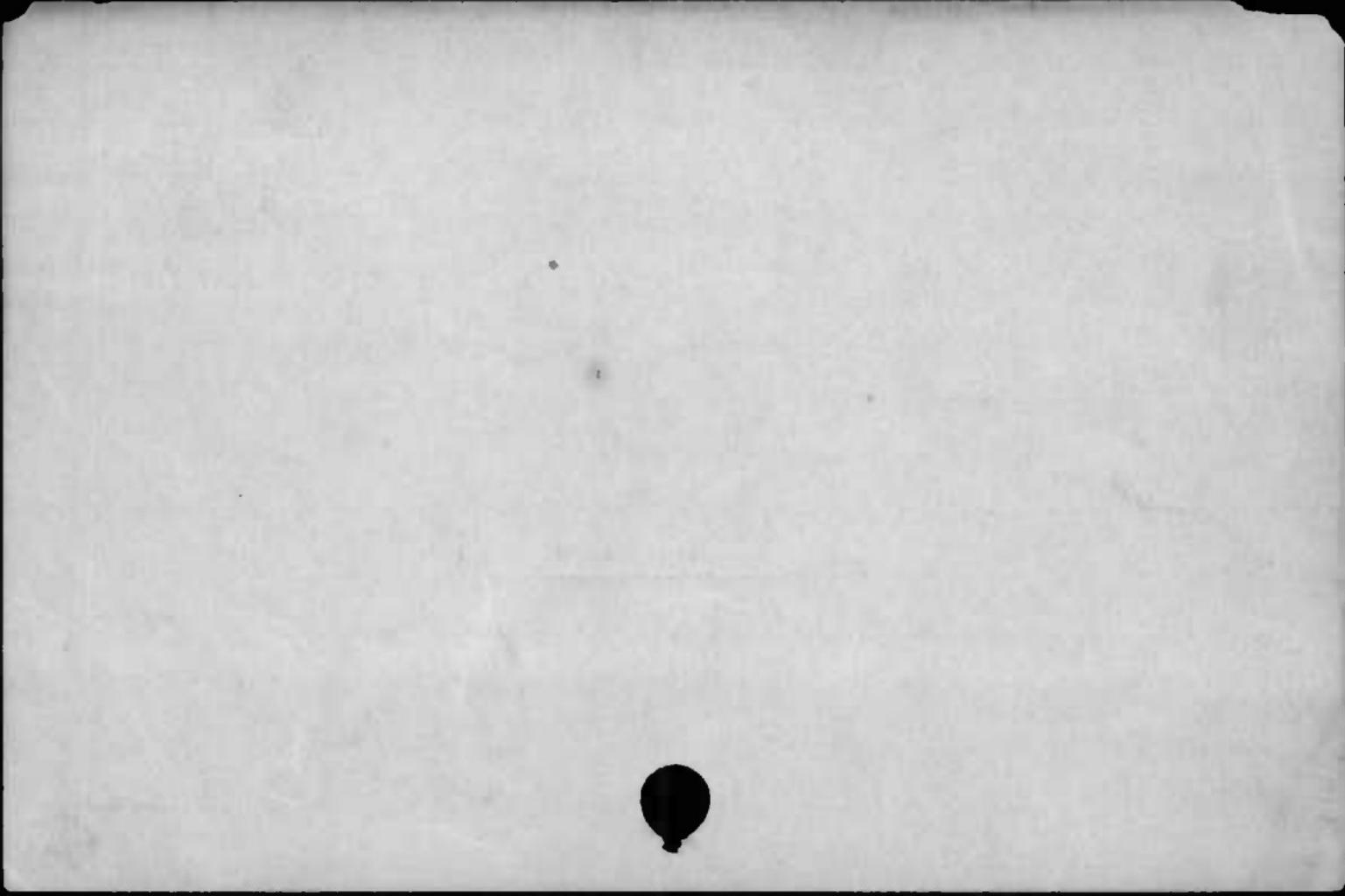
Yes

Signature of
Physician

Add:

Inflammation and
Infiltrating the

Accident or Suicide?



Elizabeth Jones Sween

CERTIFICATE OF DEATH

Died at Town

County

MARYLAND

Date of death 1906

Month 1

Day 1

Years 89

Months —

Days —

Sex Female

Color or Race

white

Birth-place

Occupation

Housewife

Where Residing if not at place of death

Towson

Married, Single or Widowed

Widow

Name of Husband

George Sween

Father's Name

Agoy, Sween.

Father's Birthplace

Mother's Maiden Name

Elizabeth Jones

Mother's Birthplace

Name of person giving information

Lousia Jink

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Old age & General debility

How long

Three years

Immediate

Paralysis

How long

Three months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W.H. Garrett

Accident or Suicide?

Address

Towson

John Burns Son
Carroll Chapel
Chestnut Ridge

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jane Jaggart

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Where Residing if not at place of death				
Occupation						
Married, Single or Widowed	Name of Wife or Husband	Robert Jaggart (Deceased)		Father's Birthplace	S.K.	
Father's Name	S.K.			Mother's Birthplace	S.K.	
Mother's Maiden Name	S.K.			How related to deceased	Son-in-law	
Name of person giving information	O.D. Gosnell					

CAUSES OF DEATH

Primary

Simplifying

(154)

How long

weeks

Immediate

cardiac asthma

How long

few hours

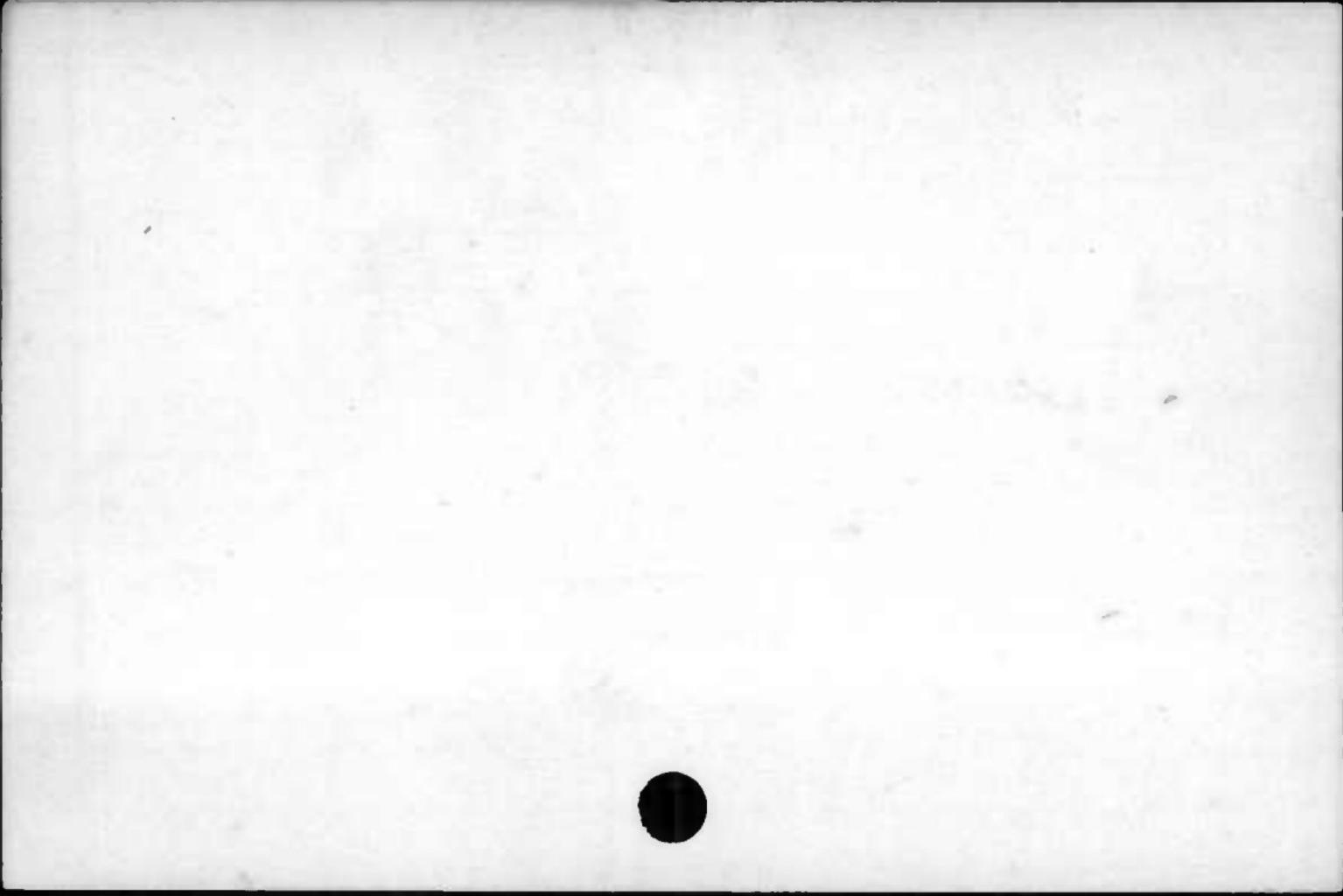
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

✓ Dr Joseph C. Grant M.D.



Name
In
Full

Mary E Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Baltimore Md	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charles J. Taylor				
Father's Name	Richard P. Dunkerly	Father's Birthplace	England			
Mother's Maiden Name	Elizabeth J.	Mother's Birthplace	Md			
Name of person giving information	Charles J. Taylor	How related to deceased	Husband			

PHYSICIAN
OR CORONER

Primary

Pneumonia & Thrombosis

How long

12 days

Immediate

Embolism

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Z. S. Hall

Address

Mr. Williams

Accident or Suicide?



Western Cem.
Jos B Cook

Name
In
Full

Unnammed Infant Taylor (M.M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

1906 1 16 Negro Md

Female none

None

Robt Taylor Rose Whiting

None

None

None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown

(179)

How long

Suddenly
How long

Immediate

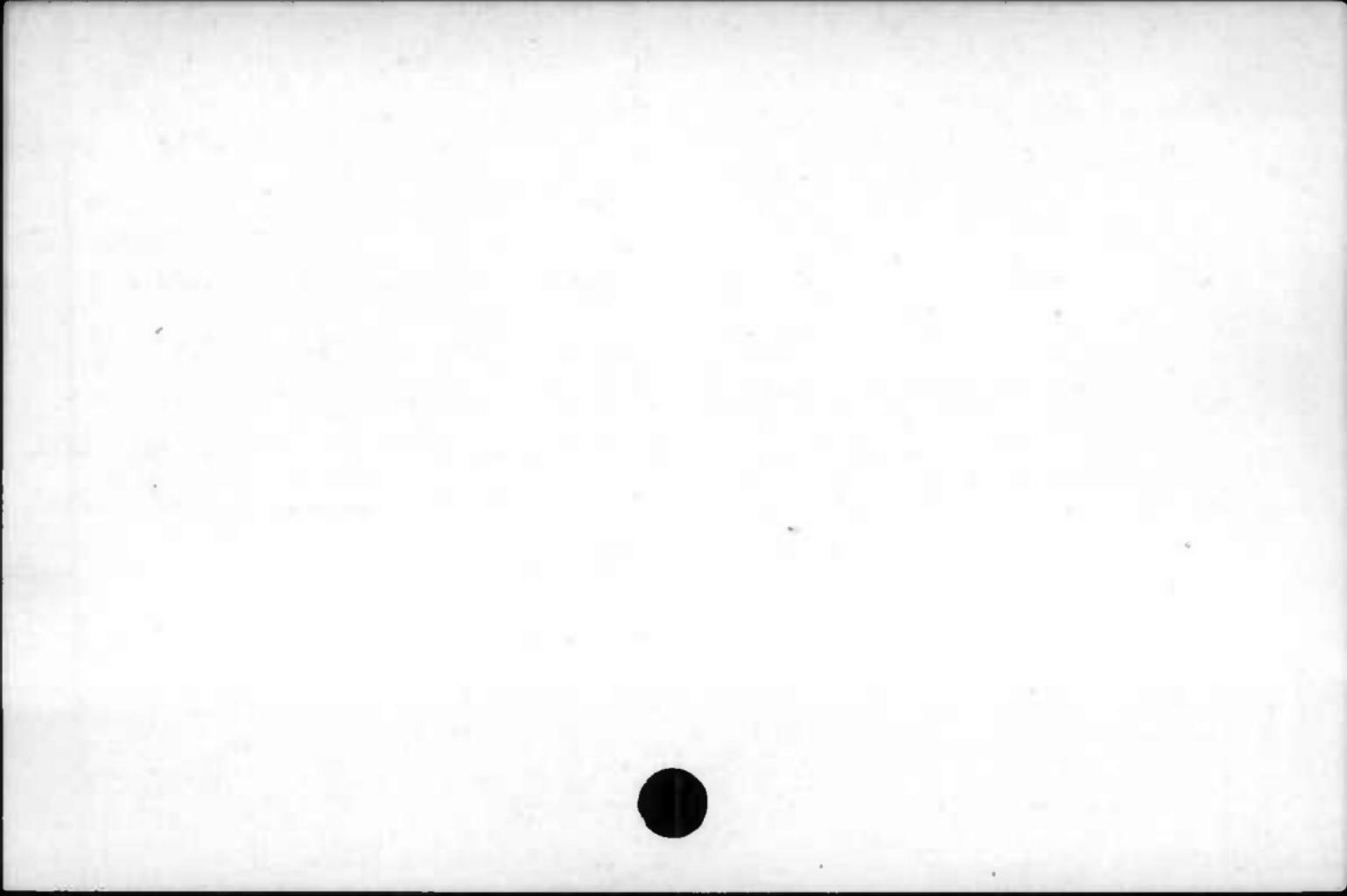
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

✓ & Sonis Maylor
Pittsfield
Md

Accident or Suicide?



Name
in
Full

Annie Beatrice Buschman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place	Baltimore		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name or Wife or Husband					
Father's Name	Charles A Buschman					Father's Birthplace
Mother's Maiden Name	Tallie Odell Pennington					Mother's Birthplace
Name of person giving Information	Wm. Shirley					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lung Disease</i>	(9)	How long
Immediate	<i>Chronic Asthma</i>		How long

Are the name, age, sex, color, date and place correctly given above?

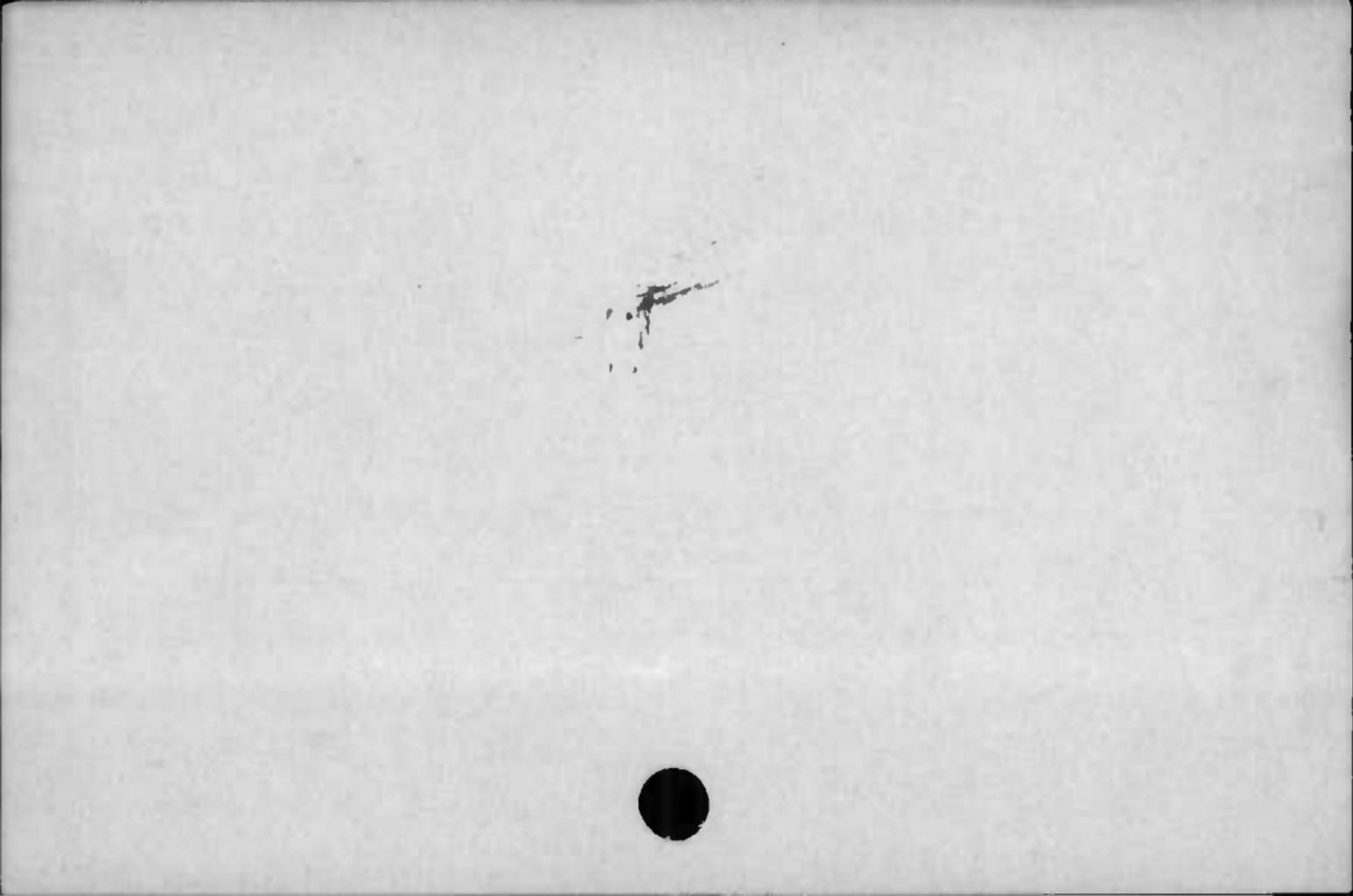
Yes

Signature of Physician

Address

Wm. J. Buppert
Baltimore, Maryland

Accident or Suicide?



Name
in
Full

Miss Rose Tubman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Agnes Hospital</u>		County <u>Baltimore</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>1</u>	Day <u>20</u>	Age <u>50</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Anne Arundel</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption



How long

Immediate

Exhaustion

How long.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

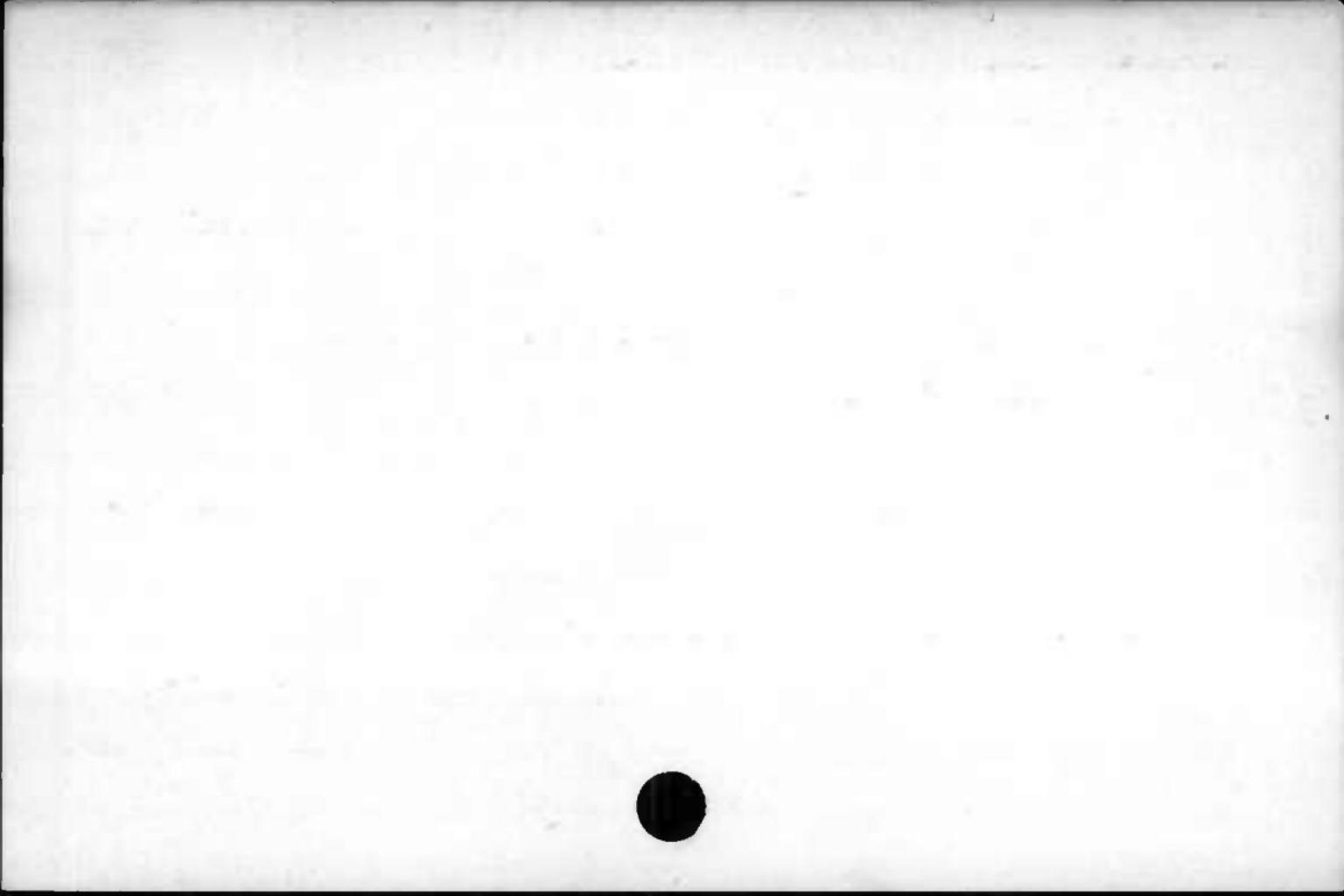
Frank Worsey DAW

Yes -

Address

St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Susan Lumbang

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex of male	Color or Race	white -	Birth-place	Baltimore Co.
Married, Single or Widowed	Occupation			Domestic
Name of Wife or Husband	Kerry Turnbaugh			
Father's Name	Tho Sullivan			Father's Birthplace Md.
Mother's Maiden Name	Mary A. Hager			Mother's Birthplace Md.
Name of person giving Information	Kerry Turnbaugh			How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Double Pneumonia

(13)

How long

2 weeks

Immediate

Dilated Heart & Dopey

How long
2 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. F. Buncy M.D.

Address

Texas Md.

Accident or Suicide?

Funeral at Jefferson
Cemetery at 8^{AM}

Name
in
Full

George Henry Turner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	Jan	28	Age 17
Sex	Color or Race	Birth-place	
Male	Colored	Va.	
Occupation	Where Residing if not at place of death		
House of Reformation	Catonsville		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single		Va	
Father's Name	Wm H Turner	Mother's Birthplace	
Mother's Maiden Name	Sallie Lewis	Va	
Name of person giving information	Lottie Colams	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rhthisis

(21)

How long

2 yrs

Immediata

Asthma

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B West
Catonsville Md.

Accident or Suicide?

Western Star Cemetery
Dir.

Name
in
Full

Carrie Ueninger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Mr Hope Retreat		Baltimore	MARYLAND
Date of death	Month	Day	Years	Months	Days
1906	Jan.	5	40	—	—
Sex	Female	Color or Race	White	Birth-place	Pa.
Occupation	Housekeeper				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Where Residing if not at place of death				
Mother's Maiden Name					
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Melancholia

(68)

How long

1 yr

Immediate

Exhaustion

How long

3-4 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. B. Eunor M.D.

Mr Hope Md

Accident or Suicide?

No

✓



Name
in
Full

Alice A. Watters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Roslyn	Baltimore				
Date of death	Month	Day	Years	Months	Days
1906	1	26	—	—	18
Sex	Female	Color or Race	Colored	Birth-place	Balt. Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Roslyn				
Father's Name	Name of Wife or Husband				
Norman Watters					
Mother's Maiden Name	Father's Birthplace				
Mary Sedgewich	Balt. Co.				
Name of person giving information	Mother's Birthplace				
Norman Watters	" "				
How related to deceased					
Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(15)

How long

Immediate

Inantum

from birth

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

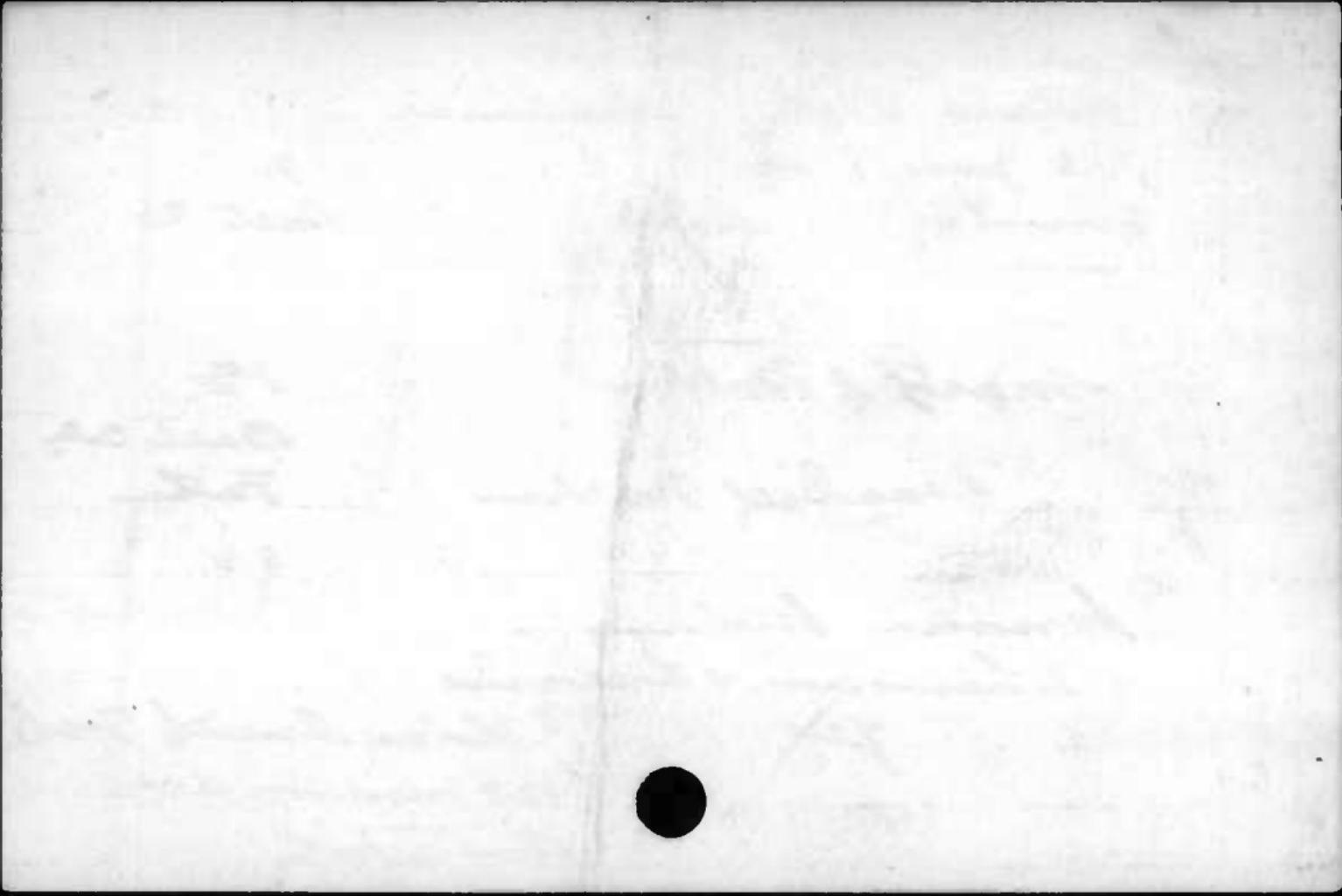
Thomas Maynor
P. Resicer

Address

Accident or Suicide?

✓

MD



Name
in
Full

Helen Elizabeth Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Roland Park Baltimore 1906 Jan 20 3 2 0 Female White Balt Co.
— —
— —
— —
Single —
Maggie Walker Va
Bessie Marsden Balt City
Haskell Walker Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Sarcoma kidney (X)	How long	3 months
	Immediate	Exhaustion + Inflammation	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. Urban Smith MD	
		Address	1928 Madison Ave Baltimore Md	
Accident or Suicide?				

G. F. Walker
723. W. Lafayette Ave.
to Green Mount. Cem.
Baltimore Md.

Name
in
Full

J L Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Baltimore Almshouse

County

Baltimore

MARYLAND

Date Month Day Years Months Days
of death 1904 1 22 77

Age

Sex Male

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

(63)

How related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Progressive bulbar paralysis about 2 years

How long

Immediate

Inanition

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Dr. Pho. C. Bussey
Texas
Md.

Address

Accident or Suicide?

✓

her body is to ^{be} buried by me
at this place.

Yours affec son
Sept:

Name
in
Full

Anna Maria Webb

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Della		Town	County		MARYLAND	
Date of death	1906	Month	January	Day	31	Years	89
Sex	Female		Color or Race	White		Birth-place	and
Occupation	House Duties		Where Residing if not at place of death		~		
Married, Single or Widowed	Widow	Name or Wife or Husband	Thomas Webb		~		
Father's Name	Patrick Maloney				Father's Birthplace	~	
Mother's Maiden Name	~				Mother's Birthplace	~	
Name of person giving information	Elizabeth Webb		154		How related to deceased	Daughter-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile degeneration

How long

Immediate

Githuria

How long

Are the name, age, sex, color, date and place correctly given above?

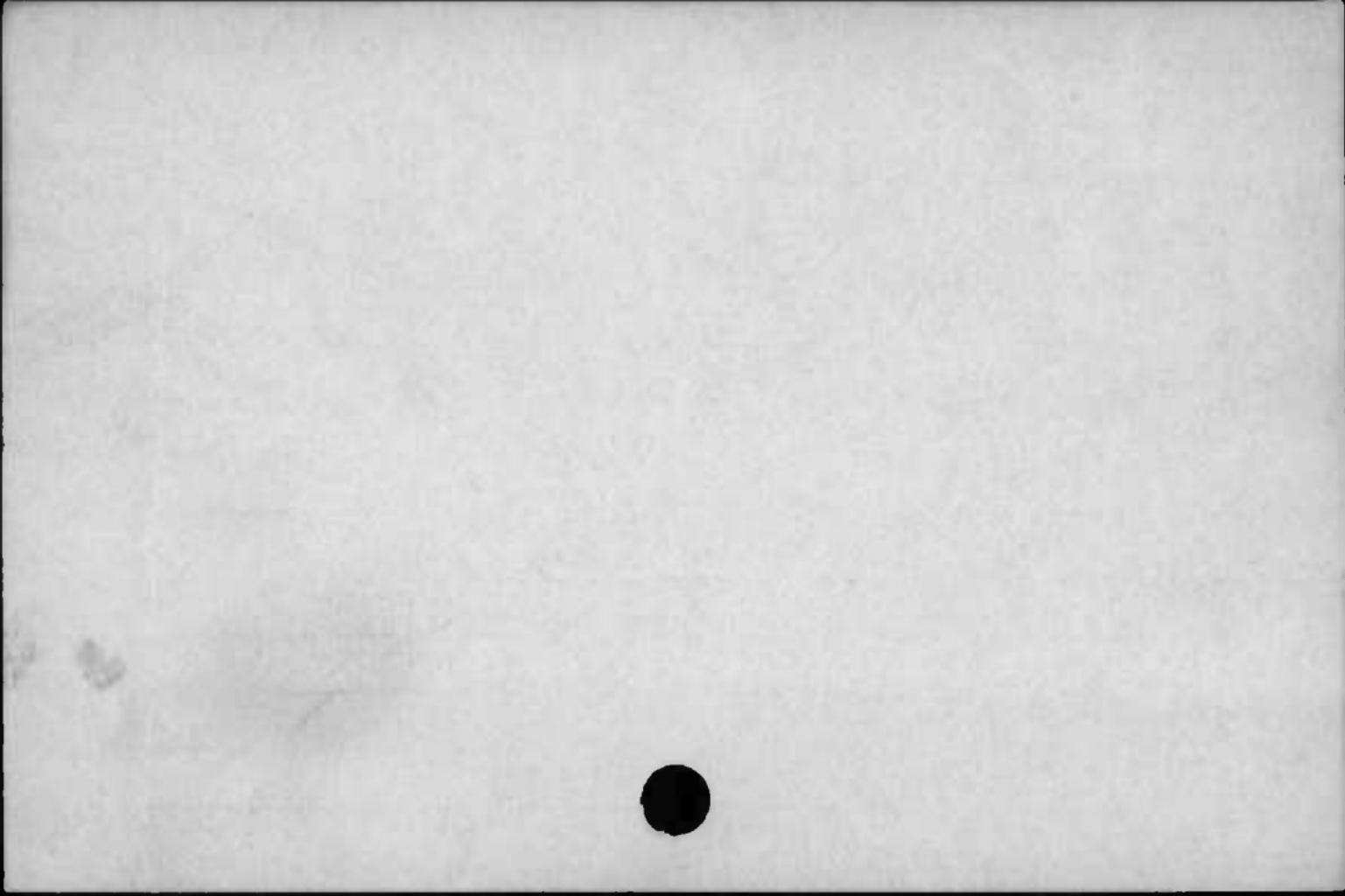
Yes

Signature of Physician

Address

John Webb alias and
Eliza Webb

Accident or Suicide?



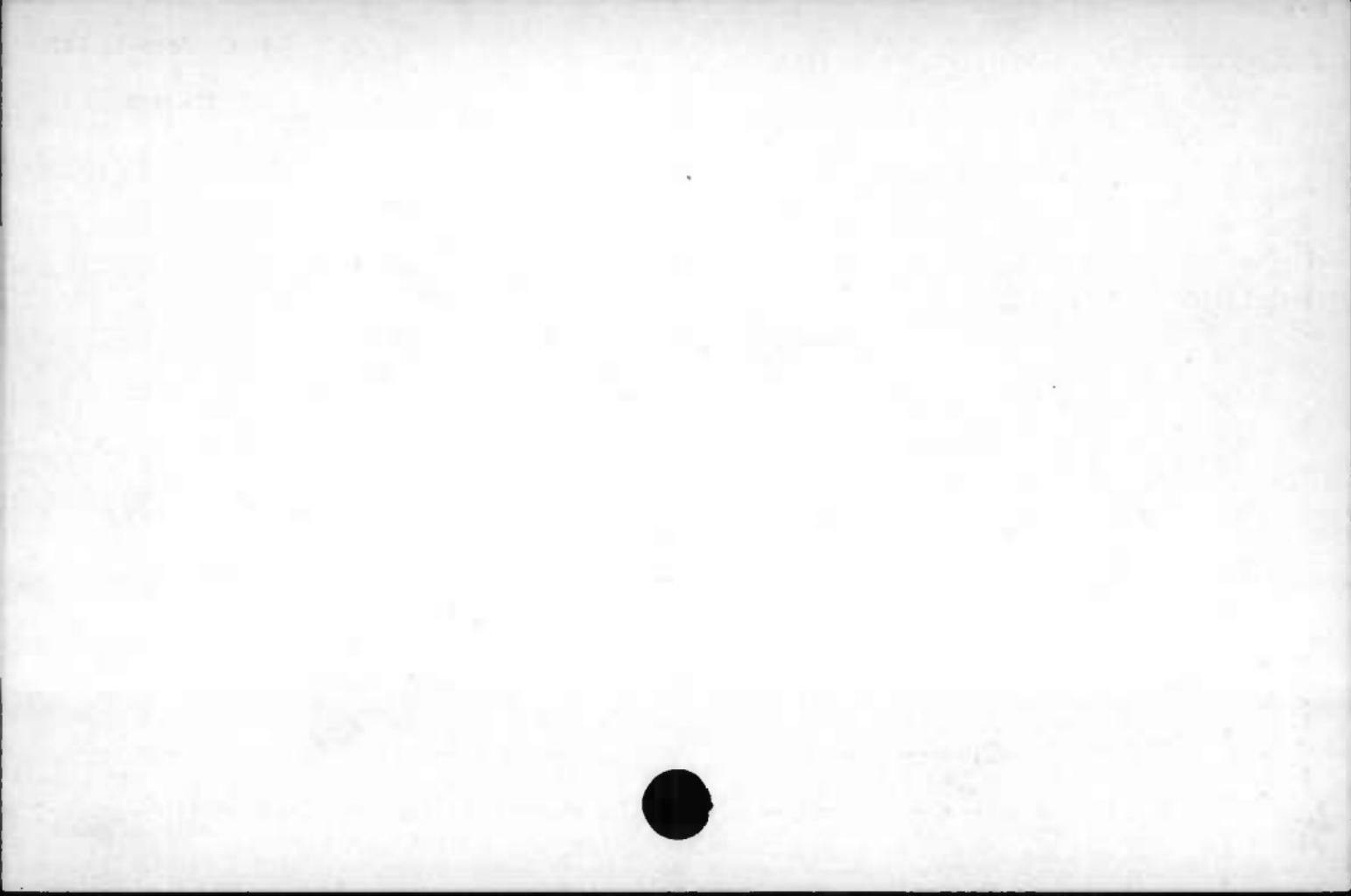
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Gerhardt Wilkes					CERTIFICATE OF DEATH		
Died at	Town	White Hall		County	Maryland		
Date of death 1906	Month	Day	Years	Age	Months	Days	
Sex	male	Color or Race	White -	Birth-place	Germany		
Married, Single or Widowed	Single		Occupation	Laborer			
Name of Wife or Husband	Fred Wilkes			Father's Birthplace	Germany		
Father's Name	Sophia Meier		(166)	Mother's Birthplace	Germany		
Mother's Maiden Name	Fred Wilkes			How related to deceased	Brother		
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Struck by engine on N.C.R.R.	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Wm E Anderson Coroner
	yes	Address	whitehall med
	Accident or Suicide?		✓



Name
in
Full

Geo F Wurst

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Wilhelmina Wurst			
Father's Name	Germany				
Mother's Maiden Name	(120)				
Name of person giving information	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

(120) How long

Immediate

Acute Gastritis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. T. O'Mara M.D.

1012 Edmondson Av.

Accident or Suicide?

Soudan Park
Jan. 31/906.
William Cook
502 E North Ave

Name
in
Full

Emma L. Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Int Washington</u>		Town	<u>Baltimore Co.</u>	County	<u>MARYLAND</u>	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>18</u>	Age <u>Years</u>	Months <u>3</u>	Days <u>28</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birthplace <u>Ind.</u>		
Occupation <u> </u>	Where Residing if not at place of death <u> </u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Fred. Young</u>	Father's Birthplace <u>Ind</u>					
Mother's Maiden Name <u>Martha Donhoff</u>	Mother's Birthplace <u>Ind</u>					
Name of person giving information <u>Fred Young</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary	<u>Broncho-Pneumonia</u>	92	How long	<u>3 days</u>
Immediate	<u>Exhaustion</u>		How long	<u>12 hrs.</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

C. H. Beeton M.D.

Address

Int Washington

Accident or Suicide?

✓

Interment in St Mary's
P.E. Cemetery Hampden
Baltimore Md

by J.M. & S. Lokenowth & Son
Funeral Directors
919, 3rd Ave.
Hampden

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Jan	4	83	2	20	
Sex	Color or Race		Birth-place			
Female	White		Baltimore			
Occupation	Where Residing if not at place of death					
Single						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	not known					
Mother's Maiden Name	not known					
Name of person giving Information	How related to deceased					
	Dear Friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hyperthyroidism	How long
Immediate	Asthma	How long

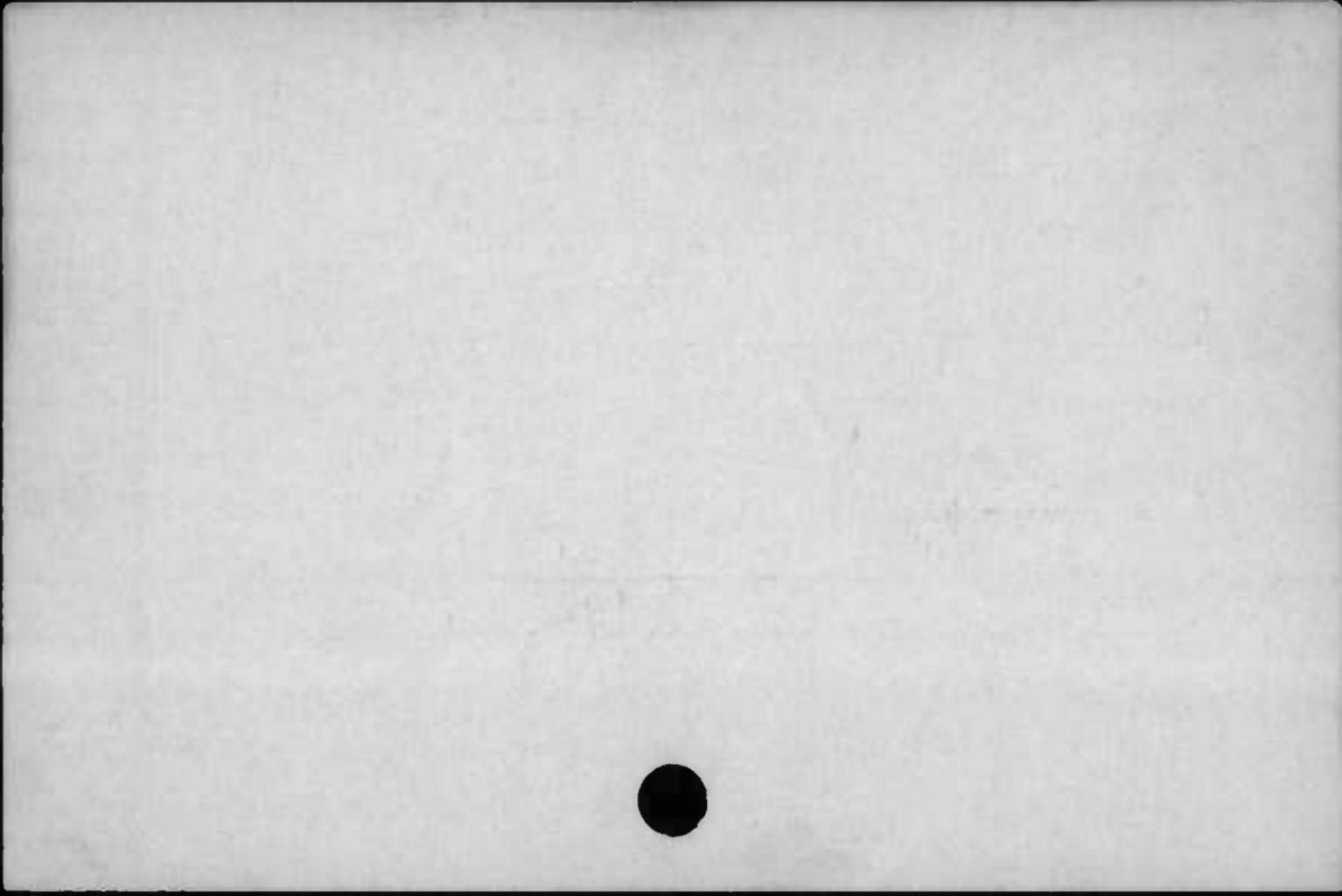
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Vernon Norwood
939 W. Fayette St
✓



Name
in
Full

Soyart of Susie Young

Deceased	Town	County	CERTIFICATE OF DEATH		
Date of death 1906	Month Jan	Years 16	MARYLAND		
Sex male	Color or Race	Age 6-7 mo gestation	Months	Days	
Married, Single or Widowed	Occupation				
Name of Wife or Husband			Father's Birthplace		
Father's Name			Mother's Birthplace		
Mother's Maiden Name			How related to deceased		
Name of person giving Information			Me mother		

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address
Accident or Suicide?	William J. Ford Washington D.C.

A.S. Marshall
3539 Fall Road
St Johns Church
Sherwood